



Integration Joint Board
Audit and Risk Committee

17th December 2018

This Report relates to
Item 5 on the Agenda

Risk Strategy Update

(Paper presented by Maureen Stevenson)

For Approval and Noting

Approved for Submission by	Katy Lewis, Chief Finance Officer
Author	Maureen Stevenson, Patient Safety and Improvement Manager
List of Background Papers	Not Applicable
Appendices	Appendix 1 - Duty of Candour Plan V4 Appendix 2 - Duty of Candour Update Appendix 3 - IJB Proposed Risk Register (Proposed H&SCSMT Risk Register) Appendix 4 - IJB Strategic Risks

SECTION 1: REPORT CONTENT

Title/Subject: Risk Strategy Update
Meeting: IJB Audit and Risk Committee
Date: 17th December 2018
Submitted By: Maureen Stevenson
Action: For Approval/Noting

1 Introduction

1.1. This report provides an update on Risk Management Activity.

2 Recommendations

2.1. The IJB Audit and Risk Management Committee is asked to:

- **Note progress in implementing IJB Risk Management Strategy**
- **Approve the IJB Risks identified and assessed for the IJB Risk Register**

3 Background

3.1. The IJB Risk Management Strategy was approved by the Joint Board in July 2016.

3.2. Progress has been made in implementing the IJB Risk management Strategy, which includes:

- Promoting awareness of risk and defining responsibility for managing risk within the IJB
- Sharing of risks between partners and Development of an IJB Risk Register
- Agreement to roll out DATIX adverse event system to social services teams working on behalf of the partnership
- Establishment of IJB Audit & Risk Committee
- Implementation of Duty of Candour

4 Main Body of the Report

4.1. The Patient Safety and Improvement Team continues to work with Managers across the partnership to clarify and enhance risk management governance

arrangements to ensure risks are identified, shared, reviewed and managed effectively.

Governance arrangements across IJB are currently being reviewed by the Chief Officer; this will include a review of Risk Management arrangements.

4.2. IJB Risk Register

Following discussions at previous Audit and Risk Committee the Chief Officer has had discussions with the Health and Social Care Senior Management Team (HSCSMT) who have had a further workshop to review and refine the Risk Register to reflect more of the Strategic risks faced by the IJB.

The initial IJB Risk Register which is appended (Appendix 3) was developed by HSCSMT and agreed by IJB Audit & Risk Committee last year pending further review.

A small subset of the Health & Social Care Senior Management Team have reviewed and disaggregated the strategic risks held by IJB from the initial review of risks during 2017, the Partnership Risks and those held by strategic partners. The revised risks have been assessed and further controls proposed these are appended to this paper, Appendix 4.

The 3 risks identified include:

1. Failure to develop an adequate and effective Strategic Plan
2. Sufficiency or stability of resource to meet the needs set out in the Strategic Plan
3. Failure to make progress against the nine National Health & Wellbeing Outcomes

It is proposed that the initial IJB Risk Register be considered by the H&SCSMT to be the risks held by the partnership and managed accordingly.

4.3 Risk Register Module Development

This represents a significant piece of work where additional resources will be required; a business case is being prepared for consideration by the Risk Executive Group.

4.4 Risk System Development

A plan to roll out access to all social work teams has been agreed education and testing has commenced with teams in the West. System configuration has now commenced but roll out is being hampered by NHS and Dumfries & Galloway Council staff being on different windows operating environments. This is unlikely to be resolved until well into next year. The teams are currently developing a work around to enable progress in the mean time. This will be further progressed during 2018/19.

4.5 Risk Training Plan

A risk training plan has been developed and agreed by Risk Steering Group. Training is being offered to health and social care staff delivering care and services on behalf of the Partnership.

General Managers have and are being supported to review and update their Risk Registers. A workshop is planned for January/February 2019.

4.6 Duty of Candour Implementation

A full implementation plan has been agreed and reviewed by Performance Committee of NHS Dumfries & Galloway and is included in Appendix 1 in the form of an action plan. The Patient Safety & Improvement Team, the Complaints Team and Chief Social worker are working through the implementation plan to ensure staff, systems and processes are aligned and compliant with the act.

4.7 An update report was shared with the Area Clinical Forum in November 2018 and is attached for information at Appendix 2.

4.8 Internal Audit Recommendations Status update

There are two outstanding audit recommendations that relate to IJB Risk Management:

- IJB Risk Register approved and monitoring arrangements established
- Evidence that the Risk Management monitoring arrangements as set out in IJB Risk Strategy are enacted and continue to be appropriate

Work is ongoing to address both of these issues as set out under Governance Arrangements and the revision of the IJB Risk Register.

A summary of the extent IJB Risk Register is summarised in Appendix 3. It is proposed that this is too tactical in nature and should therefore form the basis of the H&SC proposed risk register.

The IJB Risks have been identified and reviewed and are appended for consideration by the Committee on behalf of IJB.

5 Conclusions

Progress is being made in implementing IJB Risk Strategy. This has been slower than anticipated due to a lack of personnel in key posts, IM&T capacity to support system development, clarity around governance arrangements and the volume of development ongoing across the system.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6 Resource Implications

- 6.1. No additional resources have been identified to support IJB Risk Management Activity.

7 Impact on Integration Joint Board Outcomes, Priorities and Policy

- 7.1. Managing Risk and protecting the safety of our staff, patients and communities is core to delivering the IJB Vision and the 9 national outcomes, in particular:
- People using health and social care services are free from harm
 - People who work in health and care services feel engaged with the work that they do and are supported to continuously improve the information, support, care and treatment they provide
 - Resources are used effectively and efficiently in the provision of health and care services

8 Legal & Risk Implications

None identified

9 Consultation

- 9.1 HSCSMT sub group (Julie White, Maureen Stevenson, Vicky Freeman, Alice Wilson).

10 Equality and Human Rights Impact Assessment

- 10.1 An Impact Assessment is not required at this time.

11 Glossary

- 11.1
- | | |
|--------|---|
| DoC | - Duty of Candour |
| GM | - General Manager |
| HSC | - Health and Social Care |
| HSCSMT | - Health and Social Care Senior Management Team |
| IJB | - Integration Joint Board |
| PSG | - Patient Safety Group |
| QPSLG | - Quality and Patient Safety Leadership Group (now PSG) |
| SAER | - Significant Adverse Event Review |

Duty of Candour Implementation Plan (V4 Oct 2018)

Issue	Action	By Who	By When	Status	Notes
Raise Awareness of Duty Of Candour	1. GM Briefing	Maureen	January	COMPLETE	
	2. HR Bulletin	Maureen	February	COMPLETE	
	3. QI Hub News	Maureen	March	COMPLETE	
	4. Board Paper	Maureen Emma M	May	COMPLETE	
	5. Core Briefing	Maureen	April	COMPLETE	
	6. All Users Email	Maureen	April	COMPLETE	
	7. Management team briefings	Maureen	April	COMPLETE	
	8. Social Media (staff) update	Project Officers	September	COMPLETE	Regular awareness raising activities will take place on an ongoing basis as part of the Patient Safety Group's communication plan
	9. Leaflet circulation	Maureen Michelle	April	COMPLETE	
	10. Update Public Website	Emma M Emma McG	June	ON HOLD	New NHS and HSC websites are under development. D of C section will be added when content is being finalised.
	11. Information Sessions	Emma M Emma McG	June	COMPLETE	Initial sessions complete. Awareness raising incorporated in to existing training going forward
Policy, Procedure and Process	1. Datix Update	Michaela Jean	September	In Progress	'Tick box' added to both the adverse events and complaints

APPENDIX 1

Issue	Action	By Who	By When	Status	Notes
					modules re D of C. Testing in final stages before completion in November.
	2. Introduce daily case triage	Emma M Emma McG	April	COMPLETE	Testing has begun. Amended to 'as required' as more appropriate.
	3. Develop and introduce 'checklist' for coordinators and key contacts to aid identification of complaints, adverse events and D of C	Emma M Emma McG	December	In Progress	Checklist developed, in testing phase.
	4. Review/update existing policies	Emma M Maureen Caroline S	December	Partially COMPLETE	Complete for Adverse Events and Complaints. Whistleblowing Policy not due for review until 2021. Guidance notes to be updated.
	5. Develop D of C Policy	Maureen	December	In Progress	Sample policy shared by SG.
	6. Develop toolkit and information hub	Emma M Emma McG	December	COMPLETE	Add all D of C info and associated links to area on Beacon
	7. Agree reporting format, audience and frequency	Emma M Maureen Emma McG	December	COMPLETE	Details included in complaints and adverse events annual reports.
Skills Development	1. Promote LearnPro Module	Maureen Emma M	Ongoing	COMPLETE	Initial promotion complete. Ongoing promotion will continue.

APPENDIX 1

Issue	Action	By Who	By When	Status	Notes
		Emma McG			
	2. Schedule Datix data entry training	Jean Michaela	December	In Progress	Planning in progress for February/March 2019 to fit with other updates.
	3. Develop 'good apologies' toolkit and promote	Emma M	December	In Progress	Toolkit, blog and guidance links
Support System for staff	1. Embed support options in to relevant policies/procedures to ensure staff are aware of and offered relevant support.	Maureen Emma M Emma McG	December	In Progress	Information to be added to Datix landing page
Support System for families	1. Embed support options in to relevant policies/procedures to ensure families are aware of and offered relevant support.	Maureen Emma M Emma McG	December	COMPLETE	Incorporated in to SAER Framework and complaints processes
Adapt Current Training	1. Complaints Training	Emma M	December	COMPLETE	
	2. Investigation Skills Training	Emma M Emma McG	December	COMPLETE	
	3. Adverse Event Training	Emma McG	December	COMPLETE	
Sharing Lessons Learned	1. PROJECT	Emma M Emma McG	April 2019	Cancelled	Project cancelled due to capacity issues but key work around learning still being undertaken under complaints and adverse events work plans.

Duty of Candour Update for ACF – November 2018**Background**

The organisational Duty of Candour (DoC) provision came into effect on 1st April 2018. This created a legal requirement on health and social care organisations to inform people (or their carers/families) when they have been harmed as a result of the care or treatment they have received; to offer an apology and to invite them to participate and be informed by a review, offer an appropriate remedy or support to put matters right (if possible) and explain fully to the patient (or, where appropriate, the patient's advocate, carer or family) the short and long term effects of what has happened.

Progress Update

An Implementation plan was drawn together and approved by Performance Committee earlier this year. Appendix 1 provides an update on that plan.

On 27th November 2018 the organisation's DoC tracking system went live. This system will allow us to gather quantitative and qualitative data on incidents which trigger Duty of Candour. The Patient Safety and Improvement Manager on behalf of the organisation is required to submit an annual report to Scottish Government and this will include the number of DoC triggered within our organisation and our organisational response.

NHS Dumfries and Galloway's Adverse Event System (Datix) has been updated to ensure that incident investigators consider if DoC should be triggered, logging the reasons for the decision. An alert that a specific incident has triggered DoC will be automatically sent to the Adverse Events Team. An information box also been added which lists what would trigger DoC should further clarification be needed.

Any incidents triggering DoC are automatically sent to Patient Safety Group (PSG) for review, this group is chaired by the Executive Nurse or Medical Director. Incidents which were felt not to trigger DoC are reviewed by the Adverse Events Team to ensure that this was the correct decision, if it was felt not to be the correct decision this is taken to PSG for further review.

ACF are asked to note that a formal process is in place.

Appendix 2 highlights the role of PSG and outlines their communication plan.

NHS Dumfries and Galloway's (NHS D&G) Adverse Event Co-ordinator is currently delivering DoC awareness sessions within her Adverse Events Investigation Training and has delivered Development Sessions, which discusses DoC, to the organisations key contacts. At this time attendees are being asked to complete the online module in order to enhance their knowledge.

Link to duty of candour online module:

(<http://www.knowledge.scot.nhs.uk/scormplayer.aspx?pkgurl=%2fecomscormplayer%2fdutyofcandour%2f>
)

NHS D&G's Adverse Event Framework has been updated to reflect the new legislation brought in and this is in line with changes made to the national framework in summer 2018. The Adverse Events Framework is currently awaiting approval from the appropriate governance committees – following which it will be promoted and made available on Beacon.

Clinical Responsibility

All regulated health care professionals have a professional duty of candour – this is a professional responsibility to be open, honest and transparent when things go wrong. This has been in place since October 2014. Our organisation and its staff also have a responsibility to ensure that we promote and encourage a culture that allows staff to raise concerns openly and safely.

ACF are asked to consider if professional staff have appropriate support, access to training and supervision to carry out their duty.

Conclusion

It is asked that ACF seek assurance from the update contained within this paper and supporting documentation that NHS Dumfries and Galloway are implementing, and being supported by relevant staff and departments, to adhere to Duty of Candour Legislation.

We would also seek your comment on whether you are confident that the implementation plan is sufficient to meet the learning needs of clinicians and our service users and their carers.

Maureen Stevenson

Patient Safety & Improvement Manager

Risk Title / Description	Risk Lead / Assessor	Current Risk Level	Target Risk Level
Vulnerable Individuals – A person dies or comes to significant harm as a result of failure to protect vulnerable individuals / support families.	Eddie Docherty / Lillian Cringles / Ken Donaldson	Possible x Major = High (12)	Unlikely x Major = Medium (8)
Quality of Care – Failure to assure and improve quality of care and services.	Eddie Docherty / Lillian Cringles / Ken Donaldson	Possible x Moderate = Medium (9)	Unlikely x Moderate = Medium (6)
Health Inequalities – Failure to address health inequalities resulting in poorer health outcomes for certain groups or parts of the population.	Valerie White	Possible x Moderate = Medium	Possible x Moderate = Medium
Prevention – Failure to take action on prevention and early intervention which impacts on future health and wellbeing of our population in medium to long term.	Valerie White	Possible x Moderate = Medium	Possible x Moderate = Medium
Failure to establish and sustain a three yearly cycle of strategic commissioning impacting negatively on the organisations ability to transform, achieve desired outcomes or effectively engage stakeholders in planning.	Vicky Freeman	Likely x Moderate = High (12)	Possible x Moderate = Medium (9)
Business Continuity and Contingency Planning	David Irving / Martin Ogilvie / Mark Thomson	Possible x Major = High	Rare x Major = Medium
Transformation – Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.	Julie White	Possible x Major = High	Possible x Major = High
Lack of Clarity around governance arrangements (for Children’s Services)	Julie White	Possible x Minor = Medium	Possible x Minor = Medium
Risk that IJB fails to deliver anticipated cultural change resulting in fragmentation / disjoined service	Caroline Sharp	Possible x Major = High	Unlikely x Minor = Medium
Lack of availability of suitably qualified and competent staff/carers resulting in inability for partners to provide services as set out in the IJB Strategic Plan	Caroline Sharp	Almost Certain x Major = Very High	Likely x Major = High
Failure of the IJB to meet Financial Target	Katy Lewis	Possible x Major = High (12)	Likely x Major = High
Board breaches compliance with standards on Corporate Governance including risk of best value not being obtained	Katy Lewis	Possible x Major = High (12)	Possible x Moderate = Medium

Ref:

Date of Assessment: October 2018

Location	IJB	Department		Manager	Julie White	Assessors	Katy Lewis, Alice Wilson, Vicki Freeman, Maureen Stevenson
Is Risk on Risk Register?		NO		YES		Ref No:	
Description of Operation/Activity/Task/Area/Environment/Issue						<i>Complete the relevant details of the activity or issue being addressed</i>	
Sufficiency or stability of resource - to meet needs set out in Strategic Plan.							
Identify Hazards						<i>All hazards associated with the activity or issue should be entered here</i>	
<ul style="list-style-type: none"> • Insufficient Financial allocation to meet needs set out in Strategic Plan. • Inability of host organisations and partners to recruit to key positions to maintain service delivery and the triple aim (Improving experience of care through continually improving the quality and experience of care; improving health of the population and optimising financial return) • Workforce capacity insufficient in key areas • Failure of IJB to meet financial constraints and ensure best value • Increase in demand 							
Individuals or Groups Exposed						<i>Highlight the people at risk and the likely maximum numbers exposed</i>	
Individuals and communities IJB, NHS, Local Authority							

Current Control Measures	
Standing Financial Instructions Contract monitoring process/team. Council & NHS procurement HR / Workforce development plans, policies and procedures(local and Regional) Governance arrangements – Performance and Finance; Audit & Risk Committee; Clinical and Care Governance IJB Performance Framework HSCSMT oversight of HSCP deliverables	<i>List current control measures, including physical controls but do not forget to include other controls including safe working procedures, information, instruction and training</i>

INITIAL RISK RATING

Risk Rating Using information above and the risk matrix and taking into account the control measures in position, decide the Likelihood and Severity, and calculate the risk rating.	Likelihood Rarely happens Unlikely to occur Possibly can occur Likely to occur Almost certain	Severity Negligible injury, illness, loss Minor injury, illness, loss Moderate injury, illness, loss Major Injury, illness or loss Extreme loss, fatality, disaster	Rating R= L x S
Calculate Rating = Likelihood x Severity	Possible (3)	Major (4)	High (12)

Further Control Measures Required/Action Plan	
<ul style="list-style-type: none"> • Maximising Return On Investment through improving quality, efficiency and decommissioning programmes • Remodelling service delivery • Encourage Positive Risk Taking behaviours • Agree and promote Risk Tolerance • Recruitment/Talent Management drivers stepped up • HSCP will be monitored and HSCSMT. Delivery challenges will be fed back to IJB to inform commissioning plans. 	<p><i>Include any additional controls identified to eliminate or reduce the risk further – or state whether the risks are already as low as reasonably practicable</i></p>

RE-ASSESSED RISK RATING

Risk Rating Using information above and the risk matrix and taking into account the further control measures in position again decide the Likelihood and Severity, and calculate the risk rating.	Likelihood Rarely happens Unlikely to occur Possibly can occur Likely to occur Almost certain	Severity Negligible injury, illness, loss Minor injury, illness, loss Moderate injury, illness, loss Major Injury, illness or loss Extreme loss, fatality, disaster	Rating R= L x S
Calculate Rating = Likelihood x Severity	Possible (3)	Moderate (3)	Medium (9)

Date:	November 2018	Review Date:	To be reviewed Nov 2019
Assessors Names:	Katy Lewis, Alice Wilson, Vicki Freeman, Maureen Stevenson, Julie White, Valerie White, Joan Pollard		
Comments:	Discussed at HSCSMT with comments forwarded for inclusion in RA.		

Ref:

Date of Assessment: October 2018

Location	IJB	Department	Manager	Julie White	Assessors	Katy Lewis, Alice Wilson, Vicki Freeman, Maureen Stevenson
Is Risk on Risk Register?		NO		YES		Ref No:
Description of Operation/Activity/Task/Area/Environment/Issue						<i>Complete the relevant details of the activity or issue being addressed</i>
<p>Failure to make progress against nine National Outcomes:</p> <ul style="list-style-type: none"> • Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer • Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community • Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected • Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services • Outcome 5. Health and social care services contribute to reducing health inequalities • Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being • Outcome 7. People using health and social care services are safe from harm • Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide • Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services 						
Identify Hazards						<i>All hazards associated with the activity or issue should be entered here</i>
<ul style="list-style-type: none"> • Insufficient resource (people and £) • Effective resource allocation • Ability to influence partners / stakeholders • Failure to identify and tackle health inequalities • Strategic Plan does not set an appropriate or adequate strategic vision, direction and high level framework under which progress against the will be delivered • Failure of IJB to map performance against delivery of Nine National Outcomes • Change in IJB culture insufficient to deliver against Nine National Outcomes 						
Individuals or Groups Exposed						<i>Highlight the people at risk and the likely maximum numbers exposed</i>
<ul style="list-style-type: none"> • IJB and Health and Social Care Partnership • People and communities, staff 						
Current Control Measures						<i>List current control measures, including physical controls but do not forget to include other controls including safe</i>
<ul style="list-style-type: none"> • Strategic Plan • Strategic Needs Assessment • Transformation Plan • IJB Organisational Development Plan • IJB Governance Structures 						

<ul style="list-style-type: none"> • Directions issued to host organisations • Performance Framework 	<i>working procedures, information, instruction and training</i>
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INITIAL RISK RATING

Risk Rating Using information above and the risk matrix and taking into account the control measures in position, decide the Likelihood and Severity, and calculate the risk rating.	Likelihood Rarely happens Unlikely to occur Possibly can occur Likely to occur Almost certain	Severity Negligible injury, illness, loss Minor injury, illness, loss Moderate injury, illness, loss Major Injury, illness or loss Extreme loss, fatality, disaster	Rating R= L x S
Calculate Rating = Likelihood x Severity	Possible (3)	Major (4)	High (12)
Further Control Measures Required/Action Plan			<i>Include any additional controls identified to eliminate or reduce the risk further – or state whether the risks are already as low as reasonably practicable</i>
<ul style="list-style-type: none"> • Clear Vision and Improvement Plan • Transformation Plan • Develop internal Capacity and Capability to co-design innovative models of service design • Engage wider community and staff groups • Stakeholder engagement plan (IJB) • Protocol for Directions to NHS & Council to be further developed and implemented <ul style="list-style-type: none"> • Continue to embed use of inequalities framework across the Partnership. 			

RE-ASSESSED RISK RATING

Risk Rating Using information above and the risk matrix and taking into account the further control measures in position again decide the Likelihood and Severity, and calculate the risk rating.	Likelihood Rarely happens Unlikely to occur Possibly can occur Likely to occur Almost certain	Severity Negligible injury, illness, loss Minor injury, illness, loss Moderate injury, illness, loss Major Injury, illness or loss Extreme loss, fatality, disaster	Rating R= L x S
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Comments:	Discussed at HSCSMT with comments forwarded for inclusion in RA.		

Location	IJB	Department		Manager	Julie White	Assessors	Katy Lewis, Alice Wilson, Vicki Freeman, Maureen Stevenson
Is Risk on Risk Register?	NO		YES		Ref No:		
Description of Operation/Activity/Task/Area/Environment/Issue						<i>Complete the relevant details of the activity or issue being addressed</i>	
Failure to develop an adequate and effective Strategic Plan.							
Identify Hazards						<i>All hazards associated with the activity or issue should be entered here</i>	
<ul style="list-style-type: none"> Demographics modelling insufficient / wrong Failure to engage and consult with relevant stakeholders Failure to establish and sustain three yearly cycle of strategic commissioning Strategic needs not correctly identified Changes in political, social and economic context 							
Individuals or Groups Exposed						<i>Highlight the people at risk and the likely maximum numbers exposed</i>	
<ul style="list-style-type: none"> IJB Individuals and communities Staff Host organisations and Partners 							
Current Control Measures							
<ul style="list-style-type: none"> Strategic Planning Process Strategic Planning and Commissioning Team Performance & Intelligence Team Public Health Team Financial modelling Workforce Planning Strategic planning group 						<i>List current control measures, including physical controls but do not forget to include other controls including safe working procedures, information, instruction and training</i>	

INITIAL RISK RATING

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Calculate Rating = Likelihood x Severity	Likely (4)	Major or Moderate (3/4)	High (12 or 16)

Further Control Measures Required/Action Plan	
<ul style="list-style-type: none"> • IJB to develop and establish directives protocol and procedures • Role/Governance clarification between IJB/Health and Social Care Management Team/H&SC Partnership • Prioritisation Process that enables IJB to make investment and disinvestment decisions to be developed • Further clarification / awareness of Strategic Commissioning Cycle • Refinement & clarification of the key documents required to enable the IJB to fulfil its role as strategic commissioning body • Develop and Build capacity and capability within system to transform • Further develop Leadership knowledge and behaviour around improvement/transformation 	<p><i>Include any additional controls identified to eliminate or reduce the risk further – or state whether the risks are already as low as reasonably practicable</i></p>

RE-ASSESSED RISK RATING

Risk Rating Using information above and the risk matrix and taking into account the further control measures in position again decide the Likelihood and Severity, and calculate the risk rating.	Likelihood Rarely happens Unlikely to occur Possibly can occur Likely to occur Almost certain	Severity Negligible injury, illness, loss Minor injury, illness, loss Moderate injury, illness, loss Major Injury, illness or loss Extreme loss, fatality, disaster	Rating R= L x S
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