



Dumfries and Galloway  
Integration Joint Board  
Audit and Risk Committee

9<sup>th</sup> September 2021

This Report relates to  
Item 9 on the Agenda

# IJB Corporate Risk Register

*Paper presented by Alison Warrick*

*For Discussion/Noting*

|                                    |  |
|------------------------------------|--|
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| <b>Approved for Submission by:</b> | Katy Kerr, Chief Finance Officer<br><a href="mailto:katy.kerr@nhs.scot">katy.kerr@nhs.scot</a>                           |
| <b>List of Background Papers:</b>  | N/A  |
| <b>Appendices:</b>                 | <b>Appendix 1 – IJB Corporate Risk Register</b>  |

**1. Introduction**

1.1 The Integration Joint Board has a responsibility to review and assess the risks within its Corporate Risk Register, however, this has been delegated to the IJB Audit and Risk Committee who are tasked with ensuring the effectiveness of all risks and that they are adequately managed.

**2. Recommendations**

2.1 **The IJB Audit and Risk Committee is asked to:**

- **Discuss and note the Corporate Risk Register**

**3. Background and Main Report**

3.1 Since the June meeting of this Committee all risks have now been added to the risk register and updated.

3.2 Following a meeting with Julie Watters, actions arising from the risks have been identified and the process of implementing these has begun. This work will be ongoing and will become part of the regular updates.

3.3 An update on the review of each risk has been undertaken and the Risk Register updated to reflect this. All risks will continue to be reviewed on a quarterly basis.

3.4 The revised IJB Corporate Risk Register attached at **Appendix 1** provides an overview of the description of the risk, the hazards which have been identified and the risk scoring, which determines whether the risks are scored as low, medium, high or very high.

3.5 The table below summarises the current corporate risks:

| Risk Ref: | Risk  | Control Measures  | Risk Rating  | Date to be reviewed |
|-----------|---|---|--|---------------------|
| 3060      | Sufficiency or stability of resource to meet the needs set out in the SCP                                   | Standard Financial Instructions<br>Contract monitoring process/team<br>Council and NHS procurement<br>HR/Workforce development plans, policies and procedures (local and regional)<br>Governance arrangements – IJB Committees<br>IJB Performance Framework<br>HSG&P oversight of HSCP deliverables | Possible (3)<br><br>X<br><br>Moderate (3)<br><br>=<br>Medium (9) | November 2021       |
| TBC       | Failure to make progress against the nine National Health and Wellbeing Outcomes for Health and Social Care | Strategic Commissioning Plan<br>Strategic Needs Assessment<br>Sustainability and Modernisation Transformation Programme<br>IJB Governance Structure<br>IJB Performance Framework<br>Directions Policy<br>Financial Plan<br>Integration Workforce Plan<br>Annual Performance Report                  | Possible (3)<br><br>X<br><br>Moderate (3)<br><br>=<br>Medium (9) | November 2021       |
| TBC       | Failure to develop an   | Strategic Commissioning Planning  | Possible   | November            |

|      |  |  |   |               |
|------|--|--|---|---------------|
|      | adequate and effective Strategic Commissioning Plan  | Process Strategic Planning and Commissioning Team<br>Performance and Intelligence Team<br>Public Health Team<br>Financial modelling<br>Workforce Planning<br>Strategic Planning Group<br>Carers Programme Board<br>Volunteer Coordinator | (3)<br>X<br>Moderate<br>(3)<br>=<br>Medium<br>(9)             | 2021          |
| 3063 | Inability to share data between practitioners which may compromise the quality of care and support | IJB Audit and Risk Committee<br>Information Governance/Legal<br>Department review of ISPs<br>Data Sharing Board<br>Local Authority Scrutiny Committee<br>Chief Officers Group<br>Annual and Interim Performance Reports                  | Possible<br>(3)<br>X<br>Moderate<br>(3)<br>=<br>Medium<br>(9) | November 2021 |

3.6 The risk scoring for all four risks has been reduced due to further control measures being put in place. These will continue to be assessed as part of the quarterly review process.

3.7 The Risk Register will be presented to the IJB on an annual basis at its November meeting, for discussion to ensure that the risks are aligned to the IJB priorities and Strategic Commissioning Plan.

3.8 Work continues to review the existing IJB Risk Strategy and following discussions with both Katy Kerr and Alice Wilson regarding a way forward the risk strategy will be circulated for consultation by the end of September 2021. This is being undertaken taking into consideration the Risk Strategies of NHS Dumfries and Galloway and Dumfries and Galloway Council.

#### **4. Conclusions**

4.1 Based on the information Members of the Committee are asked to discuss and note the IJB Corporate Risk Register.

#### **5. Resource Implications**

5.1 There are no resource implications as a result of this report.

#### **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

6.1 The IJB Risk Register takes into consideration the nine National Health and Wellbeing Outcomes for Health and Social Care.

#### **7. Legal and Risk Implications**

7.1 There are no legal or risk implications identified within this report other than those which are included in the Risk Register.

#### **8. Consultation**

8.1 The Risk Register has been discussed with the Health and Social Care Executive

Group.

**9. Equality and Human Rights Impact Assessment**

9.1 As this report does not propose a change in policy or strategy, an EQIA is not required.

**10. Glossary**

10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

|             |                                     |
|-------------|-------------------------------------|
| <b>EQIA</b> | <b>Equalities Impact Assessment</b> |
| <b>IJB</b>  | <b>Integration Joint Board</b>      |



# Dumfries and Galloway Integration Joint Board

## Corporate Risk Register

|                  |   |                         |              |
|------------------|---|-------------------------|--------------|
| Document Control |   | Policy No:              | TBC          |
| Policy Group     | IJB Governance Documents  |                         |              |
| Author           | Katy Kerr<br>Alison Warrick   | Version No:             | 5            |
| Reviewer         | Health and Social<br>Care Executive<br>Group<br>IJB Audit and Risk<br>Committee | Implementation<br>Date: | April 2021   |
| Status           | Draft   | Review Date:            | July 2021    |
| Approved By      |   | Last Review Date:       | Not Required |
| Impact Assessed  | Not Required  | Data Impact<br>Assessed | Not Required |

| Version Control | Date       | Summary of Changes   | Name           |
|-----------------|------------|--|----------------|
| 0.1             | 10/2018    | Initial Risks  | Katy Lewis     |
| 0.2             | 17/03/2021 | Revision following meeting with Vicky Freeman                    | Alison Warrick |
| 0.3             | 09/04/2021 | Revision following meeting with Katy Kerr/Graham Gault           | Alison Warrick |
| 0.4             | 01/06/2021 | Update following comments from Health and Social Care Exec Group | Alison Warrick |
| 5               | 31/08/2021 | Quarterly Update   | Alison Warrick |

| Severity x Likelihood = Risk Criteria<br>e.g. Moderate x Possible = Medium Risk  | Likelihood of Occurrence<br>Chance of event occurring within the next year  |  |   |  |   |
|--|---|--|---|--|---|
|  | Rare<br><i>(Little chance of occurrence)</i><br>(can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))  | Unlikely<br><i>(Probably won't occur)</i><br>(not expected to happen, but definite potential exists – unlikely to occur (2-5 years)) | Possible ( <i>May occur</i> )<br>(may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)) | Likely<br><i>(Probably will occur)</i><br>(strong possibility that this could occur – likely to occur (quarterly)) | Almost Certain<br>(this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly)) |
| Negligible, e.g.<br>♦ Minor injury, not requiring first aid<br>♦ No media coverage, little effect on staff morale<br>♦ Financial losses, damage or claims less than £1k<br>♦ Budgetary impact less than £10k<br>♦ No impact on service delivery<br>♦ Reduced quality of client experience  | Low   | Low  | Low   | Medium   | Medium  |
| Minor, e.g.<br>♦ Minor temporary injury or illness, first aid treatment required<br>♦ Local media short term coverage, minor effect on staff morale/public attitudes<br>♦ Unsatisfactory client experience directly related to patient care – rapidly resolvable<br>♦ Short term disruption to service with minor impact<br>♦ Financial loss £1k-£10k<br>♦ Budgetary impact £10k-£100k   | Low   | Low  | Medium  | Medium   | Medium  |
| Moderate, e.g.<br>♦ Significant injury or ill health requiring medical intervention – temporary incapacity<br>♦ Long term local media coverage, moderate impact on staff morale and public perception<br>♦ Client outcome or experience below reasonable expectations in a number of areas<br>♦ Some disruption in services with unacceptable impact on client care<br>♦ Financial loss £10K - £100K<br>♦ Budgetary impact £100k-£1m | Low   | Medium   | Medium  | High   | High  |
| Major, e.g.<br>♦ Single avoidable death or long term incapacity or disability<br>♦ National media coverage, public confidence in the Organisation undermined<br>♦ Significant impact on ability to deliver service objectives, service may have to be discontinued<br>♦ Financial loss £100k-£1m<br>♦ Budgetary impact more than £1m   | Medium  | Medium   | High  | High   | Very High   |
| Extreme, e.g.<br>♦ Multiple or repeated avoidable fatalities or major permanent incapacity/disability<br>♦ National media coverage, public confidence in the Organisation undermined<br>♦ Sustained loss of service with serious impact on delivery of client care, major contingency plans invoked<br>♦ Corporate obligations not met<br>♦ Financial loss more than £1m<br>♦ Budgetary impact more than £1m                         | Medium  | High   | High  | Very High  | Very High   |
| Low  | Low: No additional risk controls required. The person responsible shall document assurance that existing controls or contingency plans remain effective and ensure any weaknesses are addressed   |  |   |  |   |
| Medium   | Medium: Further action shall be taken to reduce the risk but the cost of control should be proportionate. The person responsible shall ensure additional risk control measures are introduced within a defined timescale. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Head of Service and any weaknesses addressed  |  |   |  |   |
| High   | High: Further action, possibly urgent and requiring considerable resources, shall be taken to reduce the risk. Responsibility for introducing risk control measures within a set timescale shall be explicitly defined by the appropriate Director or General Manager and followed up through the performance review process. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Director or General Manager |  |   |  |   |
| Very High  | Very High: If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board   |  |   |  |   |

Ref: 3060

Date of Assessment: August 2021

| Location  | IJB | Department | Manager | Julie White | Assessors | H&SC Exec Group  |
|---|-----|------------|---------|-------------|-----------|--|
| Is Risk on Risk Register?   |     | YES        |         | YES         |           | Ref No:  |
| <b>Description of Operation/Activity/Task/Area/Environment/Issue</b>  |     |            |         |             |           | <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 Commissioning Plan.   |     |            |         |             |           |  |
| <b>Identify Hazards</b>   |     |            |         |             |           | <i>All hazards associated with the activity or issue should be entered here</i>  |
| <ul style="list-style-type: none"> <li>• Insufficient Financial allocation to meet needs set out in Strategic Plan.</li> <li>• 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)</li> <li>• Capacity of people who deliver health and social Care and Support including unpaid carers.</li> <li>• Failure of IJB to meet financial constraints and ensure best value</li> <li>• Increase in demand</li> <li>• Failure to identify areas for disinvestment (that do not 'add value' from the point of view of the people using care and support)</li> <li>• Inability to realise disinvestment to enable effective reconfiguration of resources</li> <li>• Directions not used effectively</li> </ul> |     |            |         |             |           |  |
| <b>Individuals or Groups Exposed</b>  |     |            |         |             |           | <i>Highlight the people at risk and the likely maximum numbers exposed</i>   |
| Individuals and communities<br>IJB, NHS, Local Authority  |     |            |         |             |           |  |
| <b>Current Control Measures</b>   |     |            |         |             |           | <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> |
| Standing Financial Instructions<br>Contract monitoring process/team.<br>Council & NHS procurement<br>HR / Workforce development plans, policies and procedures(local and Regional)<br>Governance arrangements – Performance and Finance; Audit & Risk Committee; Clinical and Care Governance<br>IJB Performance Framework<br>HSC Governance and Performance Group oversight of HSCP deliverables   |     |            |         |             |           |  |

## INITIAL RISK RATING

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

|   |   |
|---|---|
| <b>Further Control Measures Required/Action Plan</b>  | <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"> <li>Maximising Return On Investment through improving quality, efficiency and decommissioning programmes</li> <li>Remodelling service delivery</li> <li>Encourage Positive Risk Taking behaviours</li> <li>Agree and promote Risk Tolerance</li> <li>Recruitment/Talent Management drivers stepped up</li> <li>HSCP will be monitored and HSCSMT. Delivery challenges will be fed back to IJB to inform commissioning plans</li> <li>Strengthening the links between Strategic Commissioning Plan and Financial Plan when developing Plans</li> <li>Effective implementation of the Strategic Commissioning Plan</li> <li>A clear set of directions relating to each delegated function</li> </ul> |   |

## RE-ASSESSED RISK RATING

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

|                         |  |                     |               |
|-------------------------|--|---------------------|---------------|
| <b>Date:</b>            | August 2021  | <b>Review Date:</b> | November 2021 |
| <b>Assessors Names:</b> | Health and Social Care Exec Group                                |                     |               |
| <b>Comments:</b>        | All risks will be discussed at each IJB Audit and Risk Committee |                     |               |



| Location  | IJB | Department | Manager | Julie White | Assessors  | H&SCEG |
|---|-----|------------|---------|-------------|--|--------|
| Is Risk on Risk Register?   | YES |            | YES     |             | Ref No:  |        |
| <b>Description of Operation/Activity/Task/Area/Environment/Issue</b>  |     |            |         |             | <i>Complete the relevant details of the activity or issue being addressed</i>  |        |
| <p><b>Failure to make progress against nine National Health and Wellbeing Outcomes:</b></p> <ul style="list-style-type: none"> <li>• <b>Outcome 1:</b> People are able to look after and improve their own health and wellbeing and live in good health for longer</li> <li>• <b>Outcome 2:</b> 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</li> <li>• <b>Outcome 3.</b> People who use health and social care services have positive experiences of those services, and have their dignity respected</li> <li>• <b>Outcome 4.</b> Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</li> <li>• <b>Outcome 5.</b> Health and social care services contribute to reducing health inequalities</li> <li>• <b>Outcome 6.</b> 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</li> <li>• <b>Outcome 7.</b> People using health and social care services are safe from harm</li> <li>• <b>Outcome 8.</b> 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</li> <li>• <b>Outcome 9.</b> Resources are used effectively and efficiently in the provision of health and social care services</li> </ul> |     |            |         |             |  |        |
| <b>Identify Hazards</b>   |     |            |         |             | <i>All hazards associated with the activity or issue should be entered here</i>  |        |
| <ul style="list-style-type: none"> <li>• Insufficient resource (people and £)</li> <li>• Inability to sufficiently influence partners / stakeholders</li> <li>• Failure to identify and tackle health inequalities</li> <li>• Strategic Commissioning Plan does not set an appropriate or adequate strategic vision, direction and or provide an adequate high level framework under which progress against the outcomes will be delivered</li> <li>• Failure of IJB to map performance against delivery of its own Strategic Commissioning Plan</li> <li>• Change in IJB culture insufficient to deliver against Nine National Outcomes</li> <li>• Failure to issue sufficient and appropriate Directions to partner agencies</li> </ul>   |     |            |         |             |  |        |
| <b>Individuals or Groups Exposed</b>  |     |            |         |             | <i>Highlight the people at risk and the likely maximum numbers exposed</i>   |        |
| <ul style="list-style-type: none"> <li>• IJB and Health and Social Care Partnership</li> <li>• People who use care and support, their families, communities, staff, Unpaid Carers, Vulnerable adults, Volunteers</li> </ul>   |     |            |         |             |  |        |
| <b>Current Control Measures</b>   |     |            |         |             |  |        |
| <ul style="list-style-type: none"> <li>• Strategic Commissioning Plan</li> <li>• Strategic Needs Assessment</li> <li>• Sustainability and Modernisation Transformation Programme</li> <li>• IJB Governance Structures</li> <li>• Performance Framework</li> <li>• Directions Policy</li> <li>• Financial Plan</li> </ul>  |     |            |         |             | <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> |        |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Integration Workforce Plan</li> <li>Annual Performance Report</li> </ul> |  |
|---|--|

### INITIAL RISK RATING

|   |   |   |   |
|---|---|---|---|
| <b>Risk Rating</b><br>Using information above and the risk matrix and <b>taking into account the control measures</b> in position, decide the Likelihood and Severity, and calculate the risk rating.   | <b>Likelihood</b><br>Rarely happens<br>Unlikely to occur<br>Possibly can occur<br>Likely to occur<br>Almost certain | <b>Severity</b><br>Negligible injury, illness, loss<br>Minor injury, illness, loss<br>Moderate injury, illness, loss<br>Major Injury, illness or loss<br>Extreme loss, fatality, disaster | <b>Rating</b><br><b>R= L x S</b>  |
| <b>Calculate</b><br>Rating = Likelihood x Severity  | Likely<br>(4)   | Moderate<br>(3)   | High<br>(12)  |
| <b>Further Control Measures Required/Action Plan</b> <ul style="list-style-type: none"> <li>Sustainability and Modernisation Programme Plan</li> <li>Alignment with NHS and Adult Social Work Delivery Plans</li> <li>Alignment of Service, Workforce and Financial plans</li> <li>Protocol for Directions to NHS &amp; Council to be further developed and implemented</li> <li>Continue to embed use of inequalities framework across the Partnership.</li> </ul> |   |   | <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> |

### RE-ASSESSED RISK RATING

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

|                         |  |                     |               |
|-------------------------|--|---------------------|---------------|
| <b>Date:</b>            | August 2021                                    | <b>Review Date:</b> | November 2021 |
| <b>Assessors Names:</b> | Health and Social Care Exec Group              |                     |               |
| <b>Comments:</b>        | Discussed at each IJB Audit and Risk Committee |                     |               |

Ref: 3062

Date of Assessment: August 2021

|  |            |                   |  |                |                    |   |              |
|--|------------|-------------------|--|----------------|--------------------|---|--------------|
| <b>Location</b>  | <b>IJB</b> | <b>Department</b> |  | <b>Manager</b> | <b>Julie White</b> | <b>Assessors</b>  | <b>HSCEG</b> |
| <b>Is Risk on Risk Register?</b>   | <b>YES</b> |                   |  | <b>YES</b>     |                    | <b>Ref No:</b>  |              |
| <b>Description of Operation/Activity/Task/Area/Environment/Issue</b>   |            |                   |  |                |                    | <i>Complete the relevant details of the activity or issue being addressed</i>   |              |
| Failure to develop an adequate and effective Strategic Commissioning Plan.   |            |                   |  |                |                    |   |              |
| <b>Identify Hazards</b>  |            |                   |  |                |                    | <i>All hazards associated with the activity or issue should be entered here</i> |              |
| <ul style="list-style-type: none"> <li>• Demographics modelling insufficient / wrong</li> <li>• Failure to engage and consult with relevant stakeholders</li> <li>• Failure to establish and sustain three yearly cycle of strategic commissioning</li> <li>• Changes in political, social and economic context</li> <li>• Failure to develop an accurate Strategic Needs Assessment</li> <li>• Sustaining sufficient capacity within the Strategic Planning Team</li> </ul> |            |                   |  |                |                    |   |              |
| <b>Individuals or Groups Exposed</b>   |            |                   |  |                |                    | <i>Highlight the people at risk and the likely maximum numbers exposed</i>      |              |
| <ul style="list-style-type: none"> <li>• IJB</li> <li>• Communities</li> <li>• Staff</li> <li>• Host organisations and Partners</li> <li>• People who use care and support and their families</li> <li>• Unpaid Carers</li> <li>• Vulnerable adults</li> <li>• Volunteers</li> </ul>   |            |                   |  |                |                    |   |              |

|   |  |
|---|--|
| <b>Current Control Measures</b>   |  |
| <ul style="list-style-type: none"> <li>• Strategic Commissioning Planning Process</li> <li>• Strategic Planning and Commissioning Team</li> <li>• Performance and Intelligence Team</li> <li>• Public Health Team</li> <li>• Financial modelling</li> <li>• Workforce Planning</li> <li>• Strategic planning group</li> <li>• Carers Programme Board</li> <li>• Volunteer Co-ordinator</li> </ul> | <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**

|   |   |   |                                  |
|---|---|---|----------------------------------|
| <b>Risk Rating</b><br>Using information above and the risk matrix and <b>taking into account the control measures</b> in position, decide the Likelihood and Severity, and calculate the risk rating. | <b>Likelihood</b><br>Rarely happens<br>Unlikely to occur<br>Possibly can occur<br>Likely to occur<br>Almost certain | <b>Severity</b><br>Negligible injury, illness, loss<br>Minor injury, illness, loss<br>Moderate injury, illness, loss<br>Major Injury, illness or loss<br>Extreme loss, fatality, disaster | <b>Rating</b><br><b>R= L x S</b> |
| <b>Calculate</b><br>Rating = Likelihood x Severity  | Likely<br>(4)   | Major or Moderate<br>(3/4)  | High<br>(12 or 16)               |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| 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"> <li>• Role/Governance clarification between IJB/Health and Social Care Management Team/H&amp;SC Partnership</li> <li>• Process to identify whole system priorities that enables IJB to make investment and disinvestment decisions to be developed</li> <li>• Further clarification / awareness of Strategic Commissioning Cycle</li> <li>• Refinement &amp; clarification of the key documents required to enable the IJB to fulfil its role as strategic commissioning body</li> <li>• Further develop Leadership knowledge and behaviour around strategic commissioning</li> <li>• Identify/recruit Strategic Planning and Commissioning Managers to address issues of capacity</li> </ul> |   |

#### RE-ASSESSED RISK RATING

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

|                         |  |                     |               |
|-------------------------|--|---------------------|---------------|
| <b>Date:</b>            | August 2021                                | <b>Review Date:</b> | November 2021 |
| <b>Assessors Names:</b> | Health and Social Care Exec Group          |                     |               |
| <b>Comments:</b>        | Monitored via IJB Audit and Risk Committee |                     |               |

|  |            |                   |            |                |                     |   |              |
|--|------------|-------------------|------------|----------------|---------------------|---|--------------|
| <b>Location</b>  | <b>IJB</b> | <b>Department</b> |            | <b>Manager</b> | <b>Graham Gault</b> | <b>Assessors</b>  | <b>HSCEG</b> |
| <b>Is Risk on Risk Register?</b>   | <b>YES</b> |                   | <b>YES</b> |                | <b>Ref No:</b>      |   |              |
| <b>Description of Operation/Activity/Task/Area/Environment/Issue</b>   |            |                   |            |                |                     | <i>Complete the relevant details of the activity or issue being addressed</i>   |              |
| Inability to share data between practitioners which may compromise the quality of care and support   |            |                   |            |                |                     |   |              |
| <b>Identify Hazards</b>  |            |                   |            |                |                     | <i>All hazards associated with the activity or issue should be entered here</i> |              |
| <ul style="list-style-type: none"> <li>• Front line practitioners do not have up to date information at point of care delivery. This can result in poor decision making</li> <li>• Lack of availability of real time information/communication may compromise care and support and limits the flexibility to redesign service models to deliver Home Teams</li> <li>• The use of separate IT systems makes integrated working operationally challenging</li> <li>• Insufficient resources to deliver the ambitions set out in the Strategic Commissioning Plan</li> <li>• No reassurance that the workforce is being deployed efficiently</li> <li>• Adult and Child Support and Protection assurances may not be as effective as required</li> <li>• Information Governance requirements may be compromised without agreed Information Sharing Protocols being established for the safe sharing of information</li> </ul> |            |                   |            |                |                     |   |              |
| <b>Individuals or Groups Exposed</b>   |            |                   |            |                |                     | <i>Highlight the people at risk and the likely maximum numbers exposed</i>      |              |
| Individuals and communities<br>IJB, NHS, Local Authority   |            |                   |            |                |                     |   |              |

|  |  |
|--|--|
| <b>Current Control Measures</b>  |  |
| IJB Audit and Risk Committee<br>Information Governance/Legal Department review of ISPs<br>Data Sharing Board<br>Local Authority Scrutiny Committee –<br>Chief Officers Group<br>Annual and Interim Performance Reports | <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**

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

|   |   |
|---|---|
| <b>Further Control Measures Required/Action Plan</b>  | <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"> <li>• Maximising Return On Investment through improving quality, efficiency and decommissioning programmes</li> <li>• Remodelling service delivery</li> <li>• Encourage Positive Risk Taking behaviours</li> </ul> |   |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Agree and promote Risk Tolerance</li> <li>• Recruitment/Talent Management drivers stepped up</li> <li>• HSCP will be monitored and HSCSMT. Delivery challenges will be fed back to IJB to inform commissioning plans.</li> </ul> |  |
|---|--|

**RE-ASSESSED RISK RATING**

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

|                         |  |                     |               |
|-------------------------|--|---------------------|---------------|
| <b>Date:</b>            | August 2021  | <b>Review Date:</b> | November 2021 |
| <b>Assessors Names:</b> | Health and Social Care Exec Group  |                     |               |
| <b>Comments:</b>        | This will be reported via the IJB Audit and Risk Committee at each meeting |                     |               |