

Integration Joint Board - Strategic Risk Register

IJBAC September 2024

| Risk Code | Risk Owner | Strategic Risk Event | Previous | Current | Target |
|-----------|---------------------------------------|---|----------|-------------|--------|
| | | | | Risk Rating | |
| IJBSR1 | Chief Officer, Health and Social Care | Failure to plan for strategic change | 16 | 12 | 6 |
| IJBSR2 | Chief Officer, Health and Social Care | Workforce. Inability to attract and retain workforce to deliver delegated services | 16 | 20 | 9 |
| IJBSR3 | Chief Officer, Health and Social Care | Increasing demand for delegated services. Demand outstrips capacity | 12 | 12 | 6 |
| IJBSR4 | Chief Finance Officer, IJB | Insufficient financial resources in order for the partnership to deliver is statutory obligations | 20 | 25 | 12 |
| IJBSR5 | Chief Officer, Health and Social Care | Organisational, professional and cultural barriers inhibit the ability of the H&SCP and in turn the Board to develop services and deliver on strategic ambition | 12 | 12 | 6 |

| Severity | | | | | |
|------------------|----------|--------------|--------------|------------|--------------------|
| Catastrophic (5) | Low | Moderate | High | High | High |
| Major (4) | Low | Low | Moderate | High | High |
| Moderate (3) | Very Low | Low | Moderate | Moderate | High |
| Minor (2) | Very Low | Low | Low | Low | Medium |
| Negligible (1) | Very Low | Low | Low | Low | Low |
| Likelihood | Rare (1) | Unlikely (2) | Possible (3) | Likely (4) | Almost Certain (5) |

Risk amalgamation

The previous risks have been reviewed and captured in the new risk register. The risk summary is derived as follows:

- SR1 replaces SR 1, 3 and 6
- SR2 replaces SR 8
- SR3 replaces SR 4
- SR4 replaces SR 5 and 9
- SR5 replaces Sr 2, 7 and 10

SR11 was predicated on global pandemic. SG are focusing on recovery planning as evidenced in Annual Delivery Plans and PHS no longer supporting Test and Protect

| | |
|-----|-----------------|
| AIM | Remove |
| | Reduce |
| | Tolerate/Manage |

**Western Isles Joint Integration Board
Risk Appetite Statement 2023**

Health & Social Care systems are one of the most complex organisations. Risk is ever present across and throughout our systems, services and care delivery. Many strategic and operational decisions are underpinned by risk assessment, identifying action, management and reduction. It is important for the Integration Joint Board to be explicit about its approach to, and tolerance of risk, i.e. its Risk Appetite.

The Integration Joint Board, as a strategic ethical commissioning body for Health and Social Care services, seeks to operate within a low overall risk range. As an organisation we place the safety of those using our services as our highest priority, and will not accept known, unmanaged risks that materially impact negatively on those using or providing services.

Our lowest risk appetite relates to patients, clients and staff safety, and compliance requirements. This means that colleagues across the Health and Social Care Partnership are expected to pro-actively consider current available evidence and take action(s) to reduce to reasonably practicable levels, identified risks that originate from or are present within current or planned care and treatment systems, options, equipment, and environment.

We have a marginally higher risk appetite towards delivery of the boards corporate responsibilities, including strategies, finance and population health improvement, the impact(s) of which may be longer term.

Our highest risk appetite as a strategic board relates to the pursuit of innovation in new models of integrated care delivery and the introduction of digital technology including AI (artificial Intelligence), where significant positive gains in terms of positive experience and outcomes are established, or can be anticipated, within the constraints of the regulatory environment and authorised limits.

The IJB and all colleagues within the Health and Social Care Partnership are required to work within our established risk management, reporting and escalation systems, and are expected at all levels, to proactively identify, assess , manage, mitigate, remove or escalate risk on an ongoing basis.

During major incidents that place the service(s) locally and or nationally on an emergency footing the Integration Joint Board accepts the fluid, escalating and rapidly changing nature of such events, decisions will be taken and recorded in the face of presenting situation, available information, resource availability and real time risk-based prioritisation.

Chief Officer
Integration Joint Board
September 2023

| Likelihood | Rare | Unlikely | Possible | Likely | Almost Certain |
|----------------------|----------------------|--------------------|--------------------------------|-------------------------------|-------------------------------|
| Probability | 0-15% | 16-35% | 36-60% | 61-80% | 81-100% |
| Chance of occurrence | Hard to imagine | Unlikely to happen | Reasonable chance of occurring | More likely to occur than not | Hard to imagine not happening |
| Timeframe | Greater than 5 years | Between 3-4 years | Likely between 2-3 years | Likely between 1-2 years | Likely within 6-12 months |

| Impact | Negligible | Minor | Moderate | Major | Catastrophic |
|---------------------|-------------------------|---|---|--|--|
| Effect on outcomes | Minimal Impact | Minor short term effect | Part failure to achieve outcomes | Significant failure to achieve outcomes | Unable to meet delegated service delivery |
| Reputational damage | None | Minor | Moderate loss of confidence locally | Major loss of confidence nationally/ adverse publicity | Severe loss of confidence. Significant damaging/ adverse public outcry |
| Regulatory Impact | Verbal guidance/ advice | Formal recommendation from regulator(s) | Improvement notice/ Findings Audit Scotland | Failure in duty of care/ | Corporate |