Purpose: For Discussion

## **Integration Joint Board - Strategic Risk Register**

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

	Western Isles IJB Strategic Risk Register															
Risk ID	TITLE	Date Raised	Area/ Department	Exec Lead	Descriptor	Controls (assurance)	Gaps in Controls	Further Mitigation Actions	Initial Score	Aim	Current Score	Previous Score	Target Score	Target Date to Achieve Aim	Review Date(s)	Movement indicator
JB SR1	Failure to plan for strategic change	08/12/2022	Board Wide	Chief Officer	The cumulative impact of the lack of capacity, expertise and operational system challenges prevent the Chief Officer and senior officers from planning for strategic change to meet the health and social care needs of the population of the Western Isles	A draft Strategic Framework was publised in June 2023. The framework is designed to guide the production of annual delivery plans for the parent organisations. Furthermore the Directions issued to the parent bodies set out clear guidance for the financial year. In year directions are informed by the Strategic Framework. In addition the Health & Social Care Partnership Senior Leadershipteam has been re-established and will have oversight of service design and change in order to plan for the health and social care needs of the Western isles	Operational oversight and competeing service pressures lead to capacity challenges within the senior leadership team of the Health and Social Care Partnership. Alongside this is the lack of analytical support re epidemiology / Population Health Needs Assessment.	In addition the Health & Social Care Partnership Senior Leadershipteam has been re- established and will have oversight of service design and change in order to plan for the health and social care needs of the Western Isles. This sits alongside quarterly review of the performace indicators for the IJB.	High - 16	Reduce risk	Moderate - 12	High - 16	Low - 6	31.03.24	28.02.24	1
JB SR2	Worforce. Inability to attract and retain workforce to deliver delegated services	08/12/2022	Board Wide	Chief Officer	The workforce risk is multifaced. Specifically the skill shortage of individuals qualifying across a number of disciplines, depopulation and reducing population of working age in Western Isles a significant driver for the risk.	monthly financial monitoring identifying gaps within individual service lines. In	Anticipated impact of poulation decline predicated on ONS and GP parctice lists sizes. To date no significant impact or oversight from CPP to arrest the poulatio decline through supported inward migration aligned to economic prsperity and development of housing stock to support poulation growth.	bodies have well developed workforce plans and strategy. ChES and NHS WI have	High -15	Tolerate/manage	High - 20	High - 16	Moderate - 6	31.03.26	28.02.24	1
JB SR3	Increasing demand for delegated services. Demand outstrips capacity	08/12/2022	Board Wide	Chief Officer	Increasing demand for delegated services. Demand outstrips capacity as a irect impact of the changing Western Isles demographics. Data (local and national) indicates increasing bursen of disease (forecast increase of 21% by 2043) and health and social care challenges associates with multimorbidity. Western Isles ageing population leading to greater multimorbidity.	Monthly monitoring of performance metrics through MSG indicators and wide national returns to both Scottish Government and Public Health Scotland. In addition monitoring of waiting lists/service access data alongside complaints management and learning reviews	r Restricted ability to refocus resources due to current service demand and wider recruitment challenges into prevenative serevices with the anticiapted system benefits of reducing demand (medium term). Local comprehensive SNA require updating.		Moderate - 12	Reduce risk	Moderate - 12	Moderate - 12	Low - 6	31.03.25	28.02.24	$\leftrightarrow$
JB SR4	Insufficient financial resources in order for the partnership to deliver is statutory obligations	08/12/2022	Board Wide	Chief Finance Officer	Reducing envelope of total funding received through NHSWI and CnES as a direct result of funding decisions in very challenged financial construct nationally, in additionthe forecast position regarding reserves further compounds the financial risk. The current risk is futher compounded by high level locum spend in specific service lines.	Rigorous financial planning and monthly budget monitoring which includes financial effeciency savings. In addition consideration to strategic commissioning to realise financial effeciency alongside robust HR processes focusing on sickness and absence that gives rise to agency spend.	Current recruitmeny parctices whilst operating with good governnace arrangeents lack significant innovation regarding reach and marketing Western Isles as preferred career/life destination to redice high level agency spend.	The correspondance with SG (in particular with NHS Scotland and in turn COSLA) indicates a significant reduction in funding for 24-25 and beyond. Notwithstanding the workforce challenges (outline below) the BB will be required to scrutinise all investment decison whilst endeavouring to protect frontline service delivery. Development of wider national recruitment strategy to be supported by innovative approaches to reduce both agency spend alongside the ability to innovate regarding models of care/service delivery alongside the existing workforce.	High - 20	Reduce risk	High - 25	High - 20	Moderate - 12	31.03.25	28.02.24	1
JB SR5	Organisational, professional and cultural barriers inhibit the ability of the H&SCP and in turn the IJB to develop services and deliver on strategic ambition		Board Wide	Chief Officer	Different organisational views emerge about system development influenced by/and/or esponding to changes in national policy e.g. NCS/Verity House Agreement. The cultural differencesI and governance arrangements within CnES and NHS WI may impede progress interms of wider system working and innovation. The known national differences in employment terms and conditions may see worker ceroded in one of the main partner organisations. Professional relationships and competing intersts impacting the UB ability to discharge its legal responsibilities.	Foster strong corporate working and jjoint executive leadership between CO and resapective CEOs. Stregthen the governace arrangements for CnEs and NH WI e.g. (CMT. Maintain high visibility of H&SCP senior leadership team to promote/role model partnership working	IS Mechanisms to fully explore developing proposals/alternatives to current partnership arrangements against a changing national backdrop	Strengthern the active particiaptiion and engagement in new and emergent thinking within the Integration Joint Board. This requires active particiaption off all Board members consistently through the annual business cycle of meetings/engagement	Moderate - 12	Reduce risk	Moderate - 12	Moderate - 12	Low - 6	31.03.25	28.02.24	$\longleftrightarrow$
		1	I	L		I	I	1	I	1	1	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 When considering the scoring matrix good practice indicates that the likelihood and severity scores should be supported with a richer descriptor which helps inform the risk rating. Therefore it is recommended that the following descriptors will help inform the total risk score:

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

Impact	Negligible	Minor	Moderate	Major	Catastrophic
Effect on outcomes	Minimal Impact	Minor short term effect	achieve to		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