

Integration Joint Board - Strategic Risk Register

IJBAC September 2025

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 its 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	16	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

[illegible]

Western Isles Integration Joint Board
Risk Appetite Statement 2025

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 proactively 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 Board's 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 - Health and Social Care

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%
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