

Orkney Integration Joint Board Risk Register

Seq	Risk	Severity	Likelihood	Risk quantification	Risk Reduction actions	Risk owner	Notes	Sources of assurance
1a)	There is a risk of not meeting the challenges of demographic changes (both population and staff), which will lead to unbearable pressure on services.	Current 4 Target 4	Current 4 Target 2	Current 16 High Target 8 Medium	Provision of dedicated member sessions on strategic planning. Creation and regular refresh of Strategic Commissioning Plan. Active Strategic Planning Group. Implementation of locality planning approach. Joint Workforce plan development. Deliverable cost reduction plan to meet financial challenges.	Chief Officer with Chief Finance Officer, Chair and Vice Chair	It is noted that elements that impact on this are out with the control of the IJB.	Minutes of Strategic Planning Group. Feedback from locality meetings. Workforce plan(s). Delivery and summaries of IJB Member development session. Financial Recovery Plan.
1b)	There is a risk of no strategic oversight and management to the services.	Current 4 Target 2	Current 5 Target 1	Current 20 Very High Target 2 Low	Duties are currently being split among the Senior Management Team.	Chief Executives of NHSO and OIC with Chair and Vice Chair		
2	There is a risk that the IJB may be unaware of significant service delivery issues impacting on the ability of services to be safe, effective and person centred	Current 4 Target 4	Current 3 Target 1	Current 12 Medium Target 4 Medium	Risk management policy in place. Governance provided through Clinical & Care Governance Group. Contracts and Service Level Agreements in place for commissioned /purchased services and performance reported and scrutinised. Members' information session on services delivered. Also, the Joint Staff Forum as a venue for risk mitigation	Chief Officer with Chief Executives of NHSO and OIC	Retain and review in six months (Dec 2017) to allow time for evidence of effective operation of controls.	IJB Risk Log. CCGC Minutes. Commissioned Services performance monitoring. Developments session focussed on increasing awareness of services delivery matters.

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3	There is a risk of financial instability, due to the wider economic climate, resulting in failure of IJB to make big decisions.	Current 4 Target 4	Current 3 Target 2	Current 12 High Target 8 Medium	Provision of dedicated member sessions on strategic planning. Creation and regular refresh of Strategic Commissioning Plan. Active Strategic Planning Group. Implementation of locality planning approach.	Chief Officer with Chair and Vice Chair	The IJB cannot impact the aspect of this risk that relates to the wider economic climate. The IJB risk mitigation is focussed on the strategic planning role of the IJB.	Minutes of Strategic Planning Group. Feedback from locality meetings.
4	There is a risk that the Scottish Government expectations of what integration can achieve cannot be delivered in an Orkney context.	Current 4 Target 3	Current 4 Target 3	Current 16 High Target 9 Medium	Regular communication with the Scottish Government Integration policy team Engagement in the Our Islands Our Future programme Creation and regular refresh of Strategic Commissioning Plan. Active Strategic Planning Group.	Chief Officer with Chief Executives of NHSO and OIC and Chair and Vice Chair	Mitigation of this risk focusses on both raising Scottish Government awareness of isles factors leading to greater likelihood of 'island proofing' of expectations and ongoing effective and Orkney appropriate strategic planning to deliver the best opportunities integration can bring in an Orkney context.	Minutes of review meetings with Scottish Government policy team. Minutes of Strategic Planning Group.
5	There is a risk that public expectations are high, due to previous models of care, leading to inability to progress debate about realistic care. leading to reputational damage	Current 4 Target 3	Current 4 Target 3	Current 16 High Target 9 Medium	Delivery of communication and awareness raising activity in the Communication and Engagement Plan. Implementation of locality planning approach.	Chief Officer with Communication Team Leads	This issue is shared with OIC and NHSO and some elements of the mitigation will be led by these organisations	Activity delivered in line with Communication and Engagement Plan. Feedback from locality meetings.
6	There is a risk that IJB Board members do not understand their role and therefore cannot fulfil it properly	Current 4 Target 4	Current 2 Target 2	Current 8 Medium Target 8 Medium	Development plan to induct new members. 'Buddy' system for new members. Facilitated external support for development sessions.	Chief Officer with Democratic Services and Organisational Development leads.	Noted that changes in membership are an inevitable factor of Board structure however at any given point in time there will still be a 'critical mass' of members who are not new, now that the initial establishment of the IJB stage has passed.	Delivery of induction programme for new members. Views of members.

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7	There is a risk that there is a lack of engagement with stakeholders do not understand the role of the IJB which could result in inability to commission differently	Current 4 Target 4	Current 3 Target 3	Current 12 High Target 12 High	Delivery of communication and awareness raising activity in the Communication and Engagement Plan. Consultation on the Strategic Commissioning Plan. Locality engagement. Market Facilitation Plan publication. Delivery of 'meet the commissioner' style events to facilitate further engagement with potential service providers. Completion of tender framework agreement.	Chief Officer with commissioning and procurement leads and Third Sector Interface	Noted that this risk is currently at target level. Target level may reduce in time as commissioning role of IJB continues to bed in.	Activity delivered in line with Communication and Engagement Plan. Feedback from locality meetings. Outputs from 'meet the commissioner' event.
8	There is a risk that NHSO and OIC continue with their strategic planning and decision-making processes, without recognising the legitimate strategic decision-making role of the IJB, resulting in ambiguity, unclear decisions and bringing the IJB into disrepute.	Current 4 Target 4	Current 3 Target 2	Current 12 High Target 8 Medium	Map out various plans and alignment. Review financial planning mechanisms as an enabler for change. Identify areas of duplication and align them into one process. Delivery of joint members planning session. Revision of SPG membership and remit to promote joint planning.	Chief Officer with Chief Executives of NHSO and OIC	Noted that this aligns with a recommendation made following the joint inspection of services for older people in Orkney, which highlighted that the partnership, in conjunction with NHSO and OIC, should review and rationalise all plans relating to services for older people to ensure that these are consistent with the Strategic Commissioning Plan	Map of plans. Delivery of, and attendance at, joint planning session.
9	There is a risk that the service delivery bodies (OIC & NHSO) will not be clear about delivery expectations of the IJB.	Current 3 Target 3	Current 3 Target 2	Current 9 Medium Target 6 Medium	A framework approach for directions from the IJB to the delivery bodies has been developed. The approach to this will develop further over time and will be kept under review. Scottish Government guidance on	Chief Officer with Chief Executives of NHSO and OIC	At target level and noted substantial aspect of the mitigation is the small local system and therefore the clear line of sight between commissioning Board and service delivery services through high level of direct involvement.	Directions issued to NHSO and OIC. Scrutiny through CCGC.

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					Directions is anticipated during 2018 to further support this. Directions are issued where required.			
10	There is a risk that there will be a lack of capacity to support the development and work of the IJB	Current 4 Target 3	Current 5 Target 3	Current 20 Very High Target 9 Medium	Clear direction and leadership from both organisations. Dependant on good will of delivery bodies to support the overall work. Peaks of work will at times impact on ability to strategically plan and redesign services.	Chief Executives of NHSO and OIC	There is scope to reduce the impact as the processes of the IJB become more streamlined and embedded and therefore less time is required to devise, test and redesign processes.	Key documents / processes produced / completed on time e.g. Strategic Commissioning Plan Market Facilitation Statement Performance report Budget monitoring and Accounts
11	There is a risk that we can't fully integrate pathways and can't effectively use resources across the spectrum of care and as result we adversely impact on health of the population	Current 4 Target 4	Current 4 Target 2	Current 16 High Target 8 Medium	Creation and regular refresh of Strategic Commissioning Plan. Active Strategic Planning Group. Close engagement with planning of non IJB NHSO and OIC services	Chief Officer with Chief Executives of NHSO and OIC, and Third Sector Interface		Map of plans. Feedback from CCGC.
12	There is a risk that NHSO and OIC workforce planning does not align with the IJB's longer-term vision, as the IJB cannot direct workforce planning activity, leading to mismatch of resources versus requirements.	Current 4 Target 4	Current 3 Target 2	Current 12 High Target 8 Medium	Development of joint health and social care workforce plan in line with requirements of Scottish Government. Workforce planning relationship with 3 rd Sector supported through Market Facilitation Statement and 'meet the commissioner' events.	Chief Officer with Human Resource Service leads in NHSO and OIC, and Third Sector Interface	National guidance pending	Workforce plans.

Seq	Risk	Severity	Likelihood	Risk quantification	Risk Reduction actions	Risk owner	Notes	Sources of assurance
13	The impact of changing demography, changing service models and the availability of staff may mean that our staffing models are not sustainable for future requirements	Current 4 Target 4	Current 4 Target 3	Current 16 High Target 12 High	Development of joint health and social care workforce plan in line with requirements of Scottish Government. Alignment of IJB, NHSO and OIC plans in terms of overall Orkney wide service models and the enablers and infrastructure that supports them such as transport, housing and provision of education opportunities	Chief Officer with Chief Executives of NHSO and OIC, and Third Sector Interface	Members acknowledged that there are many elements of this risk that are out with the control of the IJB	Workforce plans. The work of the Orkney Partnership Board and its thematic groups.
14	There is a risk that funding received is too short-term, due to timescale uncertainties, resulting in outcomes and targets not being delivered.	Current 4 Target 4	Current 3 Target 2	Current 12 High Target 8 Medium	Creation and regular refresh of Strategic Commissioning Plan. Active Strategic Planning Group. Development of locality level working. Provision of performance reports that enable the impact on targets and outcomes to be assessed and plans adjusted accordingly.	Chief Officer and Chief Finance Officer	It was acknowledged that while short termism of funding is a current issue this does not necessarily mean that outcomes and targets are automatically not delivered.	Strategic Commissioning Plan Performance report Budget monitoring reports
15	There is a risk that the national shift from analogue to digital will impact adversely on the ability of telecare services to support people to remain safely at home leading to increased risk to service users and increased pressure on other forms of care services.	Current Target	Current Target	Current Target			At present the issue is insufficiently well understood to assess this. Work has commenced with IT colleagues to develop understanding of the issue and to inform a plan to address it. This item will be completed and added to the risk matrix at appendix 1 once more information is available.	

Seq	Risk	Severity	Likelihood	Risk quantification	Risk Reduction actions	Risk owner	Notes	Sources of assurance
16	There is a risk that the recovery plan will not ensure that the Board will breakeven at year end.	Current 5 Target 1	Current 5 Target 2	Current 25 – Very High Target 2 - Low	Managers are working to identify in-year savings and present these in the recovery plan for the current year. The Chief Finance Officer is in discussion with OIC and NHS Heads of Finance in relation to this issue. A budget monitoring statement is issued on a monthly basis highlighting pressure areas so as members are informed.	Chief Officer and Chief Finance Officer.	A medium term financial plan will be developed to sit alongside the new SCP for 2019 – 2022,	Finance reports
17	There is a risk that the Board will not have a commissioning plan for 2019/2022, which allows for delivery of a service model within the available budget allocated from partners.	Current 4 Target 1	Current 4 Target 2	Current 16 - High Target 2 - Low	Development of the refreshed SCP by the SPG with specific section on 'closing the gap' financially	Chief Officer and Chief Finance Officer,		SPG minutes. SCP draft
18	There is a risk that the Carers (Scotland) Act 2016 will not be properly implemented	Current 3 Target 3	Current 3 Target 2	Current 9 - Medium Target 6 - Medium	Implementation is being overseen by the Carers Strategy Group which meets regularly. This will be an area of internal audit in due course to provide scrutiny and assurance on this issue	Chief Officer	The new legislation creates additional duties on the local authority and health board which have been delegated to the IJB through a revision to the Integration Scheme.	Carers Strategy Group meeting minutes Internal Audit findings

Appendix 1 IJB Risks identified

Likelihood	Severity of Consequences				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)				<ul style="list-style-type: none"> There is a risk that the recovery plan will not ensure that the Board will breakeven at year end. 	
Likely (4)			<ul style="list-style-type: none"> Public expectations are high, due to previous models of care, leading to inability to progress debate about realistic care. leading to reputational damage 	<ul style="list-style-type: none"> We don't make time for strategic development We don't meet the challenges of demographic changes (both population and staff), which will lead to unbearable pressure on services. Scottish Government expectations of what integration can achieve cannot be delivered in an Orkney context. The impact of changing demography, changing service models, and the availability of staff may mean that our staffing models are not sustainable for future requirements Funding received is too short-term, due to timescale uncertainties, resulting in outcomes and targets not being delivered. 	
Possible (3)		<ul style="list-style-type: none"> Service delivery bodies (OIC & NHSO) will not be clear about delivery expectations of the IJB. 	<ul style="list-style-type: none"> There is a risk that the Carers (Scotland) Act 2016 will not be properly implemented 	<ul style="list-style-type: none"> Financial instability, due to the wider economic climate, resulting in failure of IJB to make big decisions Lack of engagement with stakeholders means they do not understand the role of the IJB which could result in inability to commission differently NHSO and OIC continue with their strategic planning and decision-making processes, without recognising the legitimate strategic decision-making role of the IJB, resulting in ambiguity, unclear decisions and bringing the IJB into disrepute. Lack of capacity to support the development and work of the IJB We can't fully integrate pathways and can't effectively use resources across the spectrum of care and as result we adversely impact on health of the population OIC and NHSO workforce planning does not align with the IJB's longer-term vision, as the IJB cannot direct workforce planning activity, leading to mismatch of resources versus requirements. Risk that the Board will not have a commissioning plan for 2018/2019, which allows for delivery of a service model within the available budget allocated from partners 	
Unlikely (2)				<ul style="list-style-type: none"> IJB may be unaware of significant services delivery issues impacting on the ability of services to be safe, effective and person centred IJB board members do not understand their role and therefore cannot fulfil it properly 	
Rare (1)					

Appendix 2 Responses to risks should be proportionate to the level of risk exposure.

Level of risk	Response to risk
Low	No additional controls are required but any existing risk controls or contingency plans should be documented. The line manager should at least annually review whether controls are effective
Medium	Further action shall be taken to reduce the risk but the cost of control will probably be modest. The line manager will document that the risk controls or contingency plans are effective. The service manager will twice annually seek assurance that these continue to be effective.
High	Further action must be taken to reduce risk, possibly urgently and possibly requiring significant resources. The line manager must document that the risk controls or contingency plans are effective. The relevant Manager or Director will seek assurance at least quarterly that these continue to be effective and confirm that it is not reasonably practicable to do more.
Very High	Given the gravity of the risk, the Chief Officer and relevant stakeholders must be explicitly informed. The Chief Officer must either urgently divert all possible resources to reduce the risk; suspend the situation presenting the risk until the risk can be reduced; abandon or significantly revise the threatened objective; or explicitly authorise that the risk is worth taking.

Appendix 3 Risk Quantification Matrix

RISK QUANTIFICATION CRITERIA

Descriptor	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (likely to occur every 5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (likely to occur every 2 to 5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (likely to occur annually)	Strong possibility that this could occur – likely to occur (likely to occur quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (likely to occur daily/weekly/monthly)

See next page for Severity Impact consequence Definitions

Risk Matrix

Likelihood	Severity of Consequences				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	V High (20)	V High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	V High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

- **Very High:** Senior manager action to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk
- **High:** Service manager action to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk
- **Medium:** Department action to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk
- **Low:** Department action to confirm the level of risk identified and manage using routine procedures

Severity of Consequence Definitions

Descriptor	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Patient/Service User Experience	-Reduced quality patient/service user experience/ outcome not directly related to delivery of care	-Unsatisfactory patient/service user experience/ outcome directly related to care provision – readily resolvable	- Unsatisfactory patient/service user experience/ outcome, short term effects – expect recovery less than 1wk -Increased level of care/stay less than 7 days	-Unsatisfactory patient/service user experience / outcome, long term effects - expect recovery over more than 1week - Increased level of care/stay more than 7 -15 days	-Unsatisfactory patient/service user experience/ outcome, continued ongoing long term effects
Objectives/ Project	-Barely noticeable reduction in scope/quality/schedule	- Minor reduction in scope/quality/ schedule	- Reduction in scope/quality/project objectives or schedule	-Significant project over-run	-Inability to meet project/corporate objectives, reputation of the organisation seriously damaged
Injury /illness (physical and psychological) to patient/visitor/staff	-Adverse event leading to minor injury not requiring first aid -No staff absence	- Minor injury or illness, first aid treatment required - Up to 7 days staff absence	- Agency reportable, e.g. Police (violent and aggressive acts) -Significant injury requiring medical treatment and/or counselling -RIDDOR over 7-day absence due to injury/dangerous occurrences	-Major injuries/long term incapacity /disability (e.g. loss of limb), requiring, medical treatment and/or counselling -RIDDOR over 7-day absence due to major injury/dangerous occurrences	-Incident leading to death(s) or major permanent incapacity
Complaints/Claims	- Locally resolved verbal complaint	- Justified written complaint peripheral to care	- Below excess claim. - Justified complaint involving lack of appropriate care	- Claim above excess level. - Multiple justified complaints	-Multiple claims or single major claim -Complex Justified complaint
Service/ Business Interruption	- Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	- Short term disruption to service with minor impact on patient care/service provision	- Some disruption in service with unacceptable impact on care -Temporary loss of ability to provide service - Resources stretched - Potentially impaired operating capability -Pressure on service provision	-Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked -Potentially impaired operating capability -Temp service closure	- Permanent loss of core service/ facility - Disruption to facility leading to significant “knock on” effect -- -Inability to function
Staffing and Competence	- Short term low staffing level temporarily reduces service quality (less than 1 day) - Short term low staffing level (>1 day), where there is no disruption to patient care	- Ongoing low staffing level reduces service quality - Minor error due to lack of/ ineffective training/ implementation of training	-Late delivery of key objective/service /care due to lack of staff - Moderate error due to lack of/ ineffective training/implementation of training - Ongoing problems with staffing levels	- Uncertain delivery of key objective/service/care due to lack of staff - Major error due to lack of/ ineffective training/implementation of training	- Non-delivery of key objective/ service/care due to lack of staff. - Loss of key staff -Critical error due to lack of/ ineffective training/ implementation of training
Financial (including Damage/Loss/Theft/ Fraud)	- Negligible organisational/ personal financial loss up to £100k	- Minor organisational/ personal financial loss of £100k - £250K	- Significant organisational/personal financial loss of £250k - £500k	- Major organisational/personal financial loss of £500k - £1m	-Severe organisational financial loss of more than £1m
Inspection/ Audit	- Small number of recommendations which focus on minor quality improvement issues	-Recommendations made which can be addressed by low level of management action	-Challenging recommendations that can be addressed with appropriate action plan -Improvement Notice	-Enforcement/prohibition action -Low Rating - Critical report	-Prosecution -Zero rating - Severely critical report
Adverse Publicity/ Reputation	- Rumours, no media coverage - Little effect on staff morale	- Local media coverage – short term -Some public embarrassment - Minor effect on staff morale/public attitudes	- Local media - long-term adverse publicity - Significant effect on staff morale/public perception of the organisation Local MSP/SEHD interest	- National media adverse publicity less than 3 days - Public confidence in the organisation undermined - Use of services affected	-National/International media/ adverse publicity, > 3 days - MSP/MP/SEHD concern (Questions in Parliament) - Court Enforcement/Public Enquiry/FAI