Perth & Kinross Health and Social Care Partnership

Full Strategic Risk Register 2019/20
Version 1.4
21st January 2020

Version	Date	Status (draft, approved, signed off)	Author	Change Description
1.0	30 September 2019	Draft	Phil Jerrard	Initial Document
1.2	08 October 2019	Draft	Phil Jerrard	All Strategic Risks added
1.3	6 November 2019	Draft	Phil Jerrard	Amendments following EMT review. Links to Improvement Plan added.
1.4	20 January 2020	Draft	Phil Jerrard	Amendments following EMT review.

Introduction and Background

Risk management is an indispensable element of good management. As such, its implementation is crucial to the Perth and Kinross Health and Social Care Partnership (PKHSCP) and essential to its ability to discharge its responsibilities. It is about improving PKHSCP's ability to deliver outcomes by managing our threats, enhancing our opportunities and creating an environment that adds value and is a key part of corporate governance. Good risk management will help identify and deal with key risks facing the PKHSCP in the pursuit of its goals and not simply a compliance exercise.

As part of good corporate governance an organisation is required to demonstrate that risk management is an integral part of its activity. This requires risk management to be embedded within the culture of the Partnership.

Risk Scoring Grid						
	Critical	5	10	15	20	25
	Major	4	8	12	16	20
Impact	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5
		Very Low / Very remote	Low / Remote	Medium / Possible	High / Probable	Very High / Almost Certain
	Probability					

Our tolerance toward risk is detailed by our Risk Appetite. This tolerance is the black line running through the matrix above. Where risks fall above this line (priorities 1 & 2), consideration is given to controls and contingencies required.

Appetite

	Where risk management should focus most of its time
	Where risk management will ensure contingency plans are in place
	Basic mechanisms should be in place
	Where risk is so minimal it does not demand specific attention

Control Effectiveness

	Controls and Action Plans		
	Key Controls	**Action Plans for Control Improvements**	
D	Significant Controls do not exist or have broken down	Will not achieve critical deadlines	
C	Significant controls not operating effectively	May not achieve critical deadlines	Significant concern
B	Not all controls are fully effective		Watching brief
A	Controls are working effectively	Will achieve critical deadlines	

Perth & Kinross Health and Social Care Partnership

Risk Summary:

Risk Ref.	Risk Title	Risk Owner	Priority	Review Date	Status
SR01	FINANCIAL: There is insufficient financial resources to deliver the objectives of the Strategic Plan	Chief Officer	1	10th January 2020	←→
SR02	RECRUITMENT AND RETENTION: There is a risk of an inability to recruit and retain suitably trained staff within some areas across the Partnership	Chief Officer	2	10th January 2020	↑
SR03	JOINT WORKING AGREEMENT: There is a risk of a lack of a Joint Working Agreement	Chief Officer	3	10th January 2020	←→
SR04	COMMUNICATION & ENGAGEMENT: There is a risk that staff, stakeholders and communities will not support and buy-in to what we do	Chief Officer	2	10th January 2020	←→
SR05	GOVERNANCE & PERFORMANCE: There is a risk of an unclear / cohesive Governance and Performance framework	Chief Officer	3	10th January 2020	↑
SR06	ROLES & RESPONSIBILITIES: There is a risk of a lack of clarity around the roles and responsibilities of the IJB / Parent Bodies and HSCP	Chief Officer	2	10th January 2020	←→
SR07	DIRECTION & LEADERSHIP: There is a risk of a lack of clear direction and Leadership to achieve the vision for integration	Chief Officer	2	10th January 2020	↑
SR09	UNIFIED IT STRATEGY: There is a risk that a lack of a unified IT strategy hinders integration	Chief Officer	3	10th January 2020	↑

Exposure Rating

Risks are prioritised as to where they fall on the Risk Scoring Grid:

- **Priority 1** Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.
- **Priority 2** There are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.
- **Priority 3** Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce likelihood if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.
- **Priority 4** Appropriate controls keep the risk low / negligible. These risks are being effectively managed and any further action to reduce the risk would be inefficient in terms of time and resources. Ensure conditions remain the same and existing actions are operating effectively.

Status

↑	Improvement in level of risk exposure
←→	Same level of risk exposure
↓	Increased level of risk exposure

SR01: Financial

Risk Owner: Gordon Paterson

Description of Risk: There is insufficient financial resources to deliver the objectives of the Strategic Plan

Strategic Priority: Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 1	**←→ No Change**

Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Likelihood (1-5)	Residual Impact (1-5)	Residual Likelihood (1-5)
5	5	5	4

Inherent Score: 25	Residual Score: 20

Last Review Date: 10 January 2020

Impact		Very Low	Low	Medium	High	Very High
Critical		5	10	15	20	25
Major		4	8	12	16	20
Moderate		3	6	9	12	15
Minor		2	4	6	8	10
Insignificant		1	2	3	4	5
		Very Low	Low	Medium	High	Very High
		Probability				

Rationale for Risk Rating:

Consequences
- Reduced Service;
- Increased risk to service physically, mentally and socially;
- Delayed discharge;
- Impact on patient;
- Impact on Council and NHS beyond the partnership;
- Potential impact on workforce and external partners;
- Political pressure around reduced service;
- Reputational damage of Partnership;
- Central government intervention.

Cause
- Insufficient settlement;
- Increased demand and complexity;
- Increased cost of provision;
- Pace of transformation;
- Lack of clarity around future models of service delivery (inc shifting the balance of care;
- Lack of ownership and effective leadership).

SR01: Financial

Control		Control Effective-ness	Mitigating Action(s)		Imp. Plan	Action Owner	Target Date
1.	Financial Planning Process	B	1.1	Development of a 3 year financial plan for all parts of the IJB Budget.		Chief Financial Officer	31 Mar 2020
			1.2	Seek agreement to financial risk sharing arrangements for 2019/20 and beyond.	IP29	Chief Financial Officer	31 Mar 2020
			1.3	Support NHST to ensure strong mechanism for overseeing progress in relation to Large Hospital Set Aside.		Chief Financial Officer	31 Mar 2020
			1.4	Create integrated budgets to support improved planning of services and ensure devolution to locality level.	IP26	Chief Financial Officer	31 Mar 2020
2.	Budget Negotiation Process (PKC & NHST)	B	2.1	Clear and robust budget negotiation process agreed and understood and aligned to IJB.		Chief Financial Officer	31 Mar 2020
			2.2	Ensure NHST budget setting timescales aligned with IJB and PKC from 2020/21.	IP27	Chief Financial Officer	31 Mar 2020
3.	Programmes of Care linking financial and service Planning	B	3.1	Develop stronger leadership and accountability to support financial recovery and financial planning.		Chief Officer	31 Mar 2020
4.	IJB BRG Process	B	4.1	Ensure a structured and supported IJB BRG framework is in place which is attended regularly by voting members.		Chief Financial Officer	30 Nov 2019
5.	Monthly Financial Monitoring & Reporting	A					
6.	2019/20 Financial Recovery Plan	B	6.1	Achieve IJB approval of 2019/20 Financial Recovery Plan.		Chief Financial Officer	31 Mar 2020
7.	Accountable budget holder for each cost centre	A					
8.	Reserves Strategy	A					
9.	Locally based integrated Finance Team	B	9.1	Development of a structure under the CFO and ensure sufficient Alignment by NHS Tayside of finance support for Inpatient Mental Health, Prescribing and Primary Care.	IP28 IP30	Chief Officer	31 Dec 2019
10.	Engagement meetings with key stakeholders (Head of Finance, Deputy Director of Finance, Chief Executives, IJB Chair Vice Chair, Budget Review Group)	B	10.1	NHST budget setting meetings to be put in place. Frequency of these meetings should be specified.	IP27	Chief Officer	31 Jan 2020

SR02: Recruitment and Retention

Risk Owner: Gordon Paterson

Description of Risk: There is an inability to recruit and retain suitably trained staff within some areas across the Partnership.

Strategic Priority: Making best use of available facilities, people and other resources. Person-centred Healthcare and Support.

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 2	↑ **Improvement**

Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Likelihood (1-5)	Residual Impact (1-5)	Residual Likelihood (1-5)
4	5	4	3

Inherent Score: 20	Residual Score: 12

Last Review Date: 10 January 2020

Impact		Very Low	Low	Medium	High	Very High
	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5

Probability

Rationale for Risk Rating:

Consequences
- Lack of service provision / closure;
- Increased Delayed Discharge;
- Failure to deliver integrated care;
- Increased costs
- - Poor quality of care;
- Poor outcomes for people
- Reputation damage
- Low staff morale;
- Increased clinical risks;
- Care@Home target reduced;
- Institutionalisation;
- Increased supplementary staff across the partnership;
- Increased waiting lists;

Causes
- Short term contracts;
- EU Exit;
- Reputation of NHST;
- Shared market;
- Age of workforce;
- Academic expectation;
- National shortage;
- Low economy;
- Local economy;
- Reality - cost of accommodation.
 -rurality
 -

SR02: Recruitment and Retention

	Control	Control Effective-ness		Mitigating Action(s)	Imp. Plan	Action Owner	Target Date
1.	Supplementary staffing and contingencies	A	1.1	Ensure contingency plans are in place for all difficult to recruit areas in Health & Social Care for eg. CCH, PCH, Tay Ward, IPMH, PHC		Head SW/SC, HoH, AD MH	31 Dec 2019
2.	Vacancy Management	A	2.1	Ensure Vacancy Management process is in place for Health & Social Care and Hosted Services and continue to monitor the effectiveness.		Head SW/SC, HoH, AD MH	31 Dec 2019
3.	Maximising Marketing	A	3.1	Develop enhanced recruitment packages/ procedures/ marketing for difficult to recruit areas to potentially attract more applicants, eg. CAH, Inpatient Services, PHC, IPMH.		Head SW/SC, HoH, AD MH	31 Dec 2019
4.	Develop new roles/ways of working	A	4.1	Develop new roles, eg. ANPs, H&SC Assistants within ECS, SAS, etc.		Head SW/SC, HoH	30 Sep 2019
5.	Workforce Planning	A	5.1	Develop workforce strategy. MH Workforce Strategy.	IP22	Head SW/SC, HoH, AD MH	30 Sep 2019
			5.2	Develop a plan against Safer Staffing Bill for Health and Social Care staff.	IP22	Head SW/SC, HoH, AD MH	31 Dec 2019
			5.3	Develop OD plan against output from workforce plan.	IP22	Head SW/SC, HoH, AD MH	31 Dec 2019

SR03: Joint Working Agreement

Risk Owner: Gordon Paterson

Description of Risk: Lack of Joint Working Agreement.

Strategic Priority: Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 3	←→ No change

Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Likelihood (1-5)	Residual Impact (1-5)	Residual Likelihood (1-5)
4	3	4	2
Inherent Score: 12		**Residual Score: 8**	

Last Review Date: 5th September 2019

Impact						
Critical		5	10	15	20	25
Major		4	8	12	16	20
Moderate		3	6	9	12	15
Minor		2	4	6	8	10
Insignificant		1	2	3	4	5
		Very Low	Low	Medium	High	Very High
Probability						

Rationale for Risk Rating:

Consequences
- Won't be able to integrate (creates divide);
- Unable to unify roles;
- Duplication of roles and responsibilities leading to inefficiency;
- Staff have a lack of sense of belong to HSCP;
- Inhibiting Innovation and New ways of working;

Causes
- No agreement between parent bodies;
- HSCP choose alignment instead of integration;
- Cultural differences;
- Risk aversion, due to legal rights and accountability;
- Fear of losing control and of take over by one organisation

SR03: Joint Working Agreement

Control		Control Effective-ness	Mitigating Action(s)		Imp. Plan	Action Owner	Target Date
1.	Parent Bodies T&Cs	A	1.1	Align HR processes, policies and procedures via influencing national guidelines and thereafter implement.	IP31	PKC/NHS	Tbc
2.	Protocol Proposal going to SP&R Committee and NHS Board	B	2.1	Implementation of development plan and framework for Joint Working.		PKC/NHS	30 Sep 2019
3.	Parent Body HR Policies	A					
4.	Pan Tayside Group currently discussing and exploring agreement	A	4.1	Pan-Tayside Group continues to work together.		PKC/NHS	Ongoing
5.	Local Workforce Group for Partnership	C	5.1	Develop ToR for local workforce group to be signed off by IMT/EMT.		Perth City Locality Manager (Health)	30 Sep 2019

SR04: Communication & Engagement

Risk Owner: Gordon Paterson

Description of Risk: Staff, stakeholders and communities will not support and buy-in to what we do.

Strategic Priority: Working with Communities.

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 2	←→ No Change

Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Likelihood (1-5)	Residual Impact (1-5)	Residual Likelihood (1-5)
4	3	4	3
Inherent Score: 12		**Residual Score: 12**	
Last Review Date: 24 October 2019			

Impact					
Critical	5	10	15	20	25
Major	4	8	12	16	20
Moderate	3	6	9	12	15
Minor	2	4	6	8	10
Insignificant	1	2	3	4	5
	Very Low	Low	Medium	High	Very High
Probability					

Rationale for Risk Rating:

Consequences
- We do not achieve strategic objectives;
- Poor use of resources; Local Press;
- Lack of clarity around our message;
- Insufficient mechanism to hear feedback;
- Capacity, capability and co-ordination of engagement resources

Causes
- Local Press;
- Lack of clarity around our message;
- Insufficient mechanism to hear feedback;
- Capacity, capability and co-ordination of engagement resources

SR04: Communication & Engagement

Control		Control Effective-ness	Mitigating Action(s)		Imp. Plan	Action Owner	Target Date
1.	Individual Programme Boards	B	1.1	Review role of Boards in relation to Communication and Engagement		Strategic Leads	30 Sep 2019
2.	Corporate Communications	A	2.1	Include Elected Members in Communication and Engagement.		Strategic Leads	30 Sep 2019
			2.2	Effective engagement with PKC Elected Members: Embed a Health and Social Care session into the PKC rolling programme for elected members	IP11	Head of Adult SW/SC	Tbc
			2.3	Effective Communication with our Public: Development of a coordinated approach to communication and marketing supported by dedicated expertise, ensuring that the effectiveness of the approach developed is evaluated in terms of its impact.	IP09	Head of Adult SW/SC	Tbc
3.	Stories of place and Local Action Partnerships	B	3.1	Engage with Localities / Communities and Councillors		EMT	Tbc
			3.2	Effective Engagement and Co-production at Locality Level: individual locality reports to be brought forward to the IJB, leading to greater prioritisation of the systemic evaluation of strategic impact	IP10	Head of Adult SW/SC	Tbc
			3.3	Engage with local communities to co-design future services	IP12	Head of Adult SW/SC	Tbc
4.	Communication, Engagement & Consultation Group	B	4.1	Development of Communications and Engagement plans.		Head of Adult SW/SC / South Locality Manager	30 Sep 2019
			4.2	Review role of Boards in relation to Communication and Engagement		tbc	Tbc

SR05: Governance and Performance

Risk Owner: Gordon Paterson

Description of Risk: Unclear / incoherent Governance and Performance framework

Strategic Priority: Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 3	↑ **Improvement**

Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Likelihood (1-5)	Residual Impact (1-5)	Residual Likelihood (1-5)
5	4	4	2

Inherent Score: 20 **Residual Score:** 8

Last Review Date: 10 January 2020

Impact					
Critical	5	10	15	20	25
Major	4	8	12	16	20
Moderate	3	6	9	12	15
Minor	2	4	6	8	10
Insignificant	1	2	3	4	5
	Very Low	Low	Medium	High	Very High

Probability

Rationale for Risk Rating:

Consequences
- Unsafe practice;
- No clear lines of accountability;
- Inability to measure performance and not achieve objectives;
- Financial failure;
- Reputational damage;
- Failed inspection - special measures

Causes
- Lack of internal controls around HSCP corporate governance;
- Deliver governance in silos (PKC/NHS);
- Too much red tape;
- Not clear on roles and responsibilities in respect of corporate governance;
- Conflicting directions

SR05: Governance and Performance

Control		Control Effective-ness	Mitigating Action(s)		Imp. Plan	Action Owner	Target Date
1.	Audit and Performance Committee;	B	1.1	Measuring our performance: Develop a 'measure what you value rather than value what you measure' approach aligned to the refreshed strategic plan with accountability arrangements in place to deliver integrated performance reporting and review making best use of available data/benchmarking, including at locality level, to identify areas of service improvement.		Chief Officer / Business Planning & Perf Mgr	30 Jun 2019
2.	BRG;	A					
3.	EMT / IMT / IJB;	A					
4.	EOT / & Directors;	A					
5.	Strategic Programme Boards;	A					
6.	Care Inspectorate / HIS;	B	6.1	Improvement Plans should put in place	-	Chief Officer	31 Jan 2020
7.	Annual Performance Report;	A					
8.	Chief Social Work Officer / NES;	A					
9.	Internal Audit / Professional Bodies (SSSC etc)	B		Tbc		Tbc	Tbc
10.	Clinical, Care & Professional Governance Forum	B		Tbc		tbc	Tbc

SR06: Roles and Responsibilities

Risk Owner: Gordon Paterson

Description of Risk: Lack of clarity around the roles and responsibilities of the IJB / Parent Bodies and HSCP

Strategic Priority: Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 2	←→ **No Change**

Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Likelihood (1-5)	Residual Impact (1-5)	Residual Likelihood (1-5)
4	4	4	3
Inherent Score: 16		**Residual Score: 12**	
Last Review Date: 24 October 2019			

Impact		Very Low	Low	Medium	High	Very High
	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5
		Very Low	Low	Medium	High	Very High
		Probability				

Rationale for Risk Rating:

Consequences
- Decision paralysis;
- Non-collaborative decision making;
- Negative impact on Service delivery;
- Financial imbalance;
- Poor worklife experience / low morale;
- Not using 'Directions' effectively

Cause
- Poor communication;
- Poor leadership;
- Lack of engagement;
- Disconnect between senior management and staff;
- No descriptor around relationship between HSCP and IJB ;
- No uniformity across Tayside re IJB/HSCP arrangements.

SR06: Roles and Responsibilities						
Control		**Control Effective-ness**	**Mitigating Action(s)**		**Imp. Plan**	**Action Owner**	**Target Date**

Control		**Control Effective-ness**	**Mitigating Action(s)**		**Imp. Plan**	**Action Owner**	**Target Date**
1.	Government legislation / Scheme of Delegation	A	1.1	How effective is the IJB Board? Undertake a self-assessment of performance against the PKIJB Integration Scheme with IJB members and Executive Management Team to provide improved understanding of the IJB's role and remit	IP01	Chief Officer	31 Dec 2019
2.	Corporate Governance structures	B	2.1	With the governance and accountability structures of both statutory bodies, as well as those of the IJB, there is considerable duplication in reporting to potentially 5-6 different committees/fora/groups and thus great potential to explore a more integrated and efficient approach. We will review current arrangements and work with partners to explore the potential to reduce duplication.	IP36	Chief Officer	31 Mar 2020
			2.2	A comprehensive improvement plan will be developed that brings together the findings of the Joint Inspection, the findings of the Annual Governance Self Assessment and as part of that the MSG Review of Integration. In developing our Improvement Plan we will look to the progress and success achieved elsewhere in Scotland through benchmarking activity, the Chief Officer's involvement in the National Chief Officers' Group and the improvement support available from both inspectorates.	IP37	Chief Officer	31 Dec 2019
3.	Service Plans in place	B	3.1	Service Plans to be consolidated and support put in place to scrutinise and monitor.		IMT	30 Sep 2019
			3.2	Work collaboratively to shift the balance of care.		IMT/EMT	30 Sep 2019
4.	Financial Plans	A					
5.	Self Evaluation and Regulated Evaluation	A	5.1	Improvement plans developed in respect of Self-evaluation.		IMT/EMT	30 Sep 2019
6.	Embed the routine issue of Directions as part of normal business process and ensure appropriate learning from other integration authorities	B					
7.	Training & Development of IJB members	B	7.1	Implement a Leadership Development Program focused on Collaborative Practice	IP03	tbc	Tbc
			7.2	Programme Annual Development Meetings between the Chair and Members	IP05	IJB Chair	Tbc

Perth & Kinross Health and Social Care Partnership

SR07: Leadership & Direction

Risk Owner: Gordon Paterson

Description of Risk: Lack of clear direction and Leadership to achieve the objectives of the Strategic Plan

Strategic Priority: Outcomes and service transformation

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 2	↑ **Improvement**

Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Likelihood (1-5)	Residual Impact (1-5)	Residual Likelihood (1-5)
5	4	5	3

Inherent Score: 20	Residual Score: 15

Last Review Date: 10 January 2020

Impact		Very Low	Low	Medium	High	Very High
	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5

Probability

Rationale for Risk Rating:

Consequences
- Loss of staff (not sense of belonging) / unable to attract staff;
- Poor morale;
- Loss of reputation;
- Unable to deliver vision and to innovate;
- Lack of organisational trust;
- Poor outcomes for people.

Cause
- Unclear on how to achieve the vision;
- No direction;
- No integrated leadership at all levels;
- Poor communication at operational level;
- Lack of joint processes delegation, authority;
- Language and cultural differences;
- Poor communication and engagement

SR07: Leadership

	Control	Control Effective-ness		Mitigating Action(s)	Imp. Plan	Action Owner	Target Date
1.	Chief Officer and EMT;	**B**	1.1	Review of PKHSCP organisational structure and overall senior leadership capacity.	IP02	Chief Officer	30 Nov 2019
			1.2	Establishment of Leadership Development Program focused on Collaborative Practice	IP03	EMT	31 Mar 2020
			1.3	Refresh of induction and review of IJB Annual Training and Development Plan to ensure that IJB members are adequately supported	IP04	EMT	31 Mar 2020
			1.4	Seek appropriate levels of Corporate Support from Statutory Partners including organisational and workforce development	IP23	CFO	31 Mar 2020
			1.5	Ensure that Programme and Project Management is effective and supports the implementation of all strategic plans and strategic priorities, taking into account the scale of the task, its capacity, finance and the timescale needed to achieve it.	IP24	Business Planning & Perf Mgr / C&I TL	Tbc
			1.6	Improve the effectiveness of the connection of PKHSCP planning with Statutory Body Strategic Planning (Transforming Tayside/ Perth & Kinross Offer)	IP25	HoH	Tbc
2.	Strategic Plan;	**B**	2.1	Development of our five-year Strategic Commissioning Plan which will set out a shared vision and clear priorities to drive improvements in outcomes.	IP14	EMT	31 Mar 2020
			2.2	Review of our Planning & Commissioning structures and the role and remit of the Strategic Planning Group to ensure that existing strategies are supported in terms of the Partnership's capacity to deliver	IP19	EMT	31 Mar 2020
			2.3	Conduct regular reviews of priorities bearing in mind emerging issues being prepared to reorganise, reprioritise and reallocate capacity from lower level priorities or secure additional resource.	IP20	tbc	tbc
			2.4	Take a systematic approach to reviewing and updating the partnership's strategic needs assessment bearing in mind the objectives of the Strategic Commission Plan.	IP21	tbc	Tbc

SR09: Unified IT

Risk Owner: Gordon Paterson

Description of Risk: Lack of a unified IT strategy hinders integration

Strategic Priority: Outcomes and service transformation

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 3	↑ **Improvement**

Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Likelihood (1-5)	Residual Impact (1-5)	Residual Likelihood (1-5)
3	5	3	2
Inherent Score: 15		**Residual Score: 6**	
Last Review Date: 10 January 2020			

Impact		Very Low	Low	Medium	High	Very High
Critical	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5

Probability

Rationale for Risk Rating:

Consequences
- Duplication of assessment and recording;
- Does not support integrated working;
- Repetitive for client / patient;
- Inability to robustly audit activity - in terms of integrated working;
- Makes performance measuring difficult;
-Difficult to share information;
- Unable to escalate risk of harm or concern quickly -(safety).

Cause
- Lack of IT solutions - not compatible systems; no shared platform;
- Existing systems are fairly new - reluctance to use just one system ;
- Expensive Fix - IT solutions;
- No National Solution;
- Information protocols differ across partnerships;
- Within Health, Acute / Primary Care and Community Systems differ.

SR09: Unified IT

Control		Control Effective-ness	Mitigating Action(s)		Imp. Plan	Action Owner	Target Date
1.	IT Managers for HSCP across Tayside wide have been meeting to develop solutions;	**B**	1.1	Regular updates to IMT/EMT on progress.		SM Bus Imp, IT SM	30 Sep 2019
2.	Common log in platform and ability to view HSCP systems;	**B**	2.1	CO to discuss with Parent Bodies		Chief Officer	30 Sep 2019
3.	Joint SharePoint site;	**B**	3.1	Sharepoint site to be developed to allow staff from both PKC and NHST to have shared IT space, etc.		IT SM	Tbc

Archived Risks:

Risk Ref.	Risk Title	Date Archived
SR08	POLITICAL - There is a risk of a lack of political continuity	September 2019