

				Inherent Risk							Residual Risk						
Risk Numbe	Category	Risk Description	Risk Owner	Impact Value	Probability Value	Inherent Score	Current Controls	Control Value	Impact Value	Probability Value	Residual Score	Treatment Actions	Risk Manager	Status	Due date		
SR01	Strategic	<b>FINANCE</b> There is insufficient financial resources to deliver the objectives of the Strategic Plan which could result in: <u>Consequences</u> - Reduced Service; - Increased risk to service physically, mentally and socially; - Delayed discharge; - Impact on patient; - Impact on NHS beyond the partnership; - Potential impact on workforce and external partners; - Political pressure around reduced service; - Reputational damage of Partnership; -Central government intervention <u>Cause</u> - Insufficient settlement; - Increased demand; - Increased cost of provision; - Pace of transformation being hindered by the cultural pace of change; - Lack of clarity around future models of service delivery (inc shifting the balance of care)	Chief Finance Officer	5	5	25	1. Financial Planning Process 2. Enhanced Budget Negotiation Process (PKC & NHS) 3. Programmes of Care linking financial and service planning 4. IJB BRG Process 5. Financial Monitoring & Reporting 6. Eligibility Criteria	B - C - B ↓ B - B - B ↓	5	5	25	1. All parts of Partnership have a 3 year financial plan.	Stuart Lyall / Arlene Wood/ Hamish Dougall	Open	28 February 2019		
												2. To ensure that the budget negotiation process is agreed and understood and aligned to IJB	Rob Packham / Karen Reid / Grant Archibald	Open	31 January 2019		
												3. Enhance leadership and ownership in respect of Programmes of Care. 4. IJB / Elected Members awareness of financial process / pressures.	Rob Packham	Open	31 March 2019		
												5. Review financial monitoring process	Rob Packham	Closed	18 January 2019		
												6. Taking forward audits through a shor life working group around risk framework in support of eligibilty criteria.	Diane Fraser/Evelyn Devine  Diane Fraser	Open  Open	31 January 2019  31 March 2019		
SR02	Strategic	<b>WORKFORCE</b> There is a risk of an inability to recruit and retain within some areas across the Partnership which could result in: <u>Consequences</u> - Lack of service provision / closure - Increased Delayed Discharge - Failure to deliver integrated care; - Lack of experience; - Increase complaints; - Poor quality of care; - Poor outcomes for people - Poor inspections; - Low staff morale; - Increased clinical risks; - Care@Home target reduced; - Institutionalisation; - Increased supplementary staff across the partnership; - Increased waiting lists <u>Causes:</u> - Short term contracts; - Looming Brexit; - Reputation of NHST; - Robbing 'Peter to pay Paul'; - Shared market; - Age of workforce; - Academic expectation; - National shortage; - Low economy; - Local economy; - Rurality - cost of accommodation	Head of Health	4	5	20	1. Supplementary staffing and contingencies 2. Vacancy Management 3. Integrated Clinical Strategy Work - impact assessment 4. Maximising Marketing 5. Workforce Planning	C - C - C - C - B -	4	4	16	1. Recruitment Marketing / Workforce Planning and Joint Working Agreement based on agreed clear models of care - take into account recruitment and workforce issues.	Diane Fraser/Evelyn Devine	Open	31 March 2019		
												2. Work with NHS / PKC regarding Vacancy Management.	Rob Packham / Evelyn Devine / Diane Fraser and HR	Open	31 March 2019		
												3. Build work force planning into management activity - Strategic Plan.	DF/ED	Open	28 February 2019		
												4. Clearly define Integrated Clinical Strategy model for P&KHSCP.	ED / OPUSC / Hamish Dougall	Open	31 March 2019		
												5. Review role of transformation (practice development / education and training)	Lead professionals	Open	31 March 2019		
												6. Develop OD plan against output from workforce planworkforce	ED/DF / Workforce Group		30 April 2019		

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Perth Kinross HSCP Strategic Risk Register

Risk Number	Category	Risk Description	Risk Owner	Inherent Risk			Current Controls	Control Value	Residual Risk			Treatment Actions	Risk Manager	Status	Due date
				Impact Value	Probability Value	Inherent Score			Impact Value	Probability Value	Residual Score				
SR03	Strategic	<b>WORKFORCE</b> Lack of Joint Working Agreement which could result in: <b>Consequences</b> - Won't be able to integrate (creates divide); - Out of kilter with rest of Tayside e.g. other Partnerships; - 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; <b>Causes</b> - 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	Chief Officer	4	3	12	1. Parent Bodies T&Cs 2. Protocol Proposal going to SP&R Committee and NHS Board 3. Parent Body HR Policies 4. Pan Tayside Group currently discussing and exploring agreement 5. Local Work Force Group for Partnership	A D A B C	4	3	12	1. Protocol proposal at SP&R - 28 November 2018 and NHST Board 6 December 2018. 2. Implementation of development plan and framework for Joint Working. 3. Pan-Tayside Group continue to work together. 4. Develop ToR for local workforce group to be signed off by IMT/EMT.	Pauline Johnstone (PKC)/ Chris Smith(NHS) Pauline Johnstone (PKC) / Chris Smith (NHS) Pauline Johnstone (PKC) / Chris Smith (NHS) Chris Lamont	Open	
SR04	Strategic	<b>COMMUNICATIONS &amp; ENGAGEMENT</b> There is a risk that staff, stakeholders and communities will not support and buy-in to what we do which could result in: <b>Consequences</b> - 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 <b>Causes</b> - Local Press; - Lack of clarity around our message; - Insufficient mechanism to hear feedback; - Capacity, capability and co-ordination of engagement resources	Chief Officer	4	3	12	1. Strategic Planning and Commissioning Board 2. Individual Programme Boards 3. Communication and Engagement Plans 4. Corporate Communications 5. Programme Boards 6. Sub Groups 7. Stories of place and Local Action Partnerships	B B B B B B	4	3	12	1. Review role of Boards in relation to Communication and Engagement. 2. Development of Communications and Engagement plans 3. Include Elected Members in Communication and Engagement	Diane Fraser Strategic Leads for Programme Boards EMT	Open	
SR05	Strategic	<b>GOVERNANCE</b> There is a risk that an unclear / cohesive Governance and Performance framework could result in: <b>Consequences</b> - Unsafe practice; - No clear lines of accountability; - Inability to measure performance and not achieve objectives; - Financial failure; - Reputational damage; - Failed inspection - special measures <b>Causes</b> - 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	Chief Officer	5	4	20	1. Clinical Care and Professional Governance Forum; 2. Audit and Performance Committee; 3. BRG; 4. Strategic Commissioning Board; 5. EMT / IMT / IJB; 6. EOT / & Directors; 7. Purchase Service Board; 8. Quality Assurance Group; 9. OPSIG, Complex Care; 10. Strategic Programme Boards; 11. Care Inspectorate / HIS; 12. Annual Performance Report; 13. Chief Social Work Officer / NES; 14. Internal Audit / Professional Bodies (SSSC etc) 15. NHS Clinical Care Group	B B B B B B B B B C B B B B	4	3	12	1. Review CPGF Role / Remit. 2. Review APC ToR. 3. Review and agree the SCB ToR. 4. Explain Governance including relationships in a useful guide for all.	AMD / CSWO - Hamish Dougall / Jacquie Pepper Chief Finance Officer (JS) Head of Adult Care (DF) Business Planning & Perf Mgr	Open	Being reviewed with EMT through February 2019

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SR06	Strategic	<b>GOVERNANCE</b> There is a risk of a lack of clarity around the roles and responsibilities of the IJB / Parent Bodies and HSCP could result in: <b>Consequences</b> - Decision paralysis; - Non-collaborative decision making; - Negative impact on Service delivery; - Financial imbalance; - Poor worklife experience / low morale; - Not using 'Directions' effectively <b>Cause</b> - Poor communication; - Poor leadership; - Lack of engagement; - Disconnect between senior management and staff; - No descriptor around relationship between HSCP and IJB ; - No undiformity across Tayside re IJB/HSCP arrangements.	Chief Officer	4	4	16	1. Government legislation / Scheme of Delegation 2. Corporate Governance structures 3. Service Plans in place 4. Financial Plans 5. Development sessions with Integrated teams 6. Self Evaluation and Regulated Evaluation 7. 'Directions'	B C B B C C B	4	3	12	1. Service Plans to be consolidated and support put in place to scrutinise and monitor. 2. Work collaboratively to shift the balance of care. 3. Better engage at all levels of staff. 4. Improvement plan developed in respect of Self-evaluation. 5.Communication of the 'Directions' and purpose to gain a better understanding.	IMT  IMT/EMT  IMT  Diane Fraser  Rob Packham	Open	
SR07	Strategic	<b>LEADERSHIP</b> There is a risk that a lack of clear direction and Leadership to achieve the vision for integration could result in: <b>Consequences</b> - Lose 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. <b>Cause</b> - 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	Chief Officer	5	4	20	1. Chief Officer and EMT; 2. IMT / Locality Management Teams; 3. Strategic Plan; 4. Strategic Programme Boards; 5. Locality Team plans and Inpatient; 6. Governance: IJB, CPGC, A&PC, Risk Register; 7. Communications and Engagement Group 8. Links with Hosted Services	C - B - C - C - C - B - B - B -	5	4	20	1. Need to clearly define role and function of Senior Management Tiers. 2. Need to clearly define role and function of Senior Management Tiers. 3. Need to refresh the Strategic Plan and produce a ToR pf S.P.C.B and S.P.G. 4. Need to consolidate and complete the framework for Strategic Programmes of Care Boards. 5. Need to consolidate Locality Team Plans and put in a process for scrutiny and assurance. 6. Governance need demystifying and relationships explained. 7. Need to refresh the ToR/ Roles and Resp as part of workshop on 14 November 2018. 8. Create better links with Hosted Services	CO / EMT.  CO / EMT  EMT  EMT  Heads of Health and Adult Care (ED/DF)  Business Planning & Perf Mgr.  Head of Adult Care (DF)  Head of Health (ED) and Arlene Wood for MH	Open  Open  Open  Open  Open  Open	30 April 2019  30 April 2019  31 March 2019  28 February 2019  31 March 2019  31 March 2019  31 March 2019

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SR08	Strategic	<b><u>POLITICAL</u></b> There is a risk that a lack of political continuity could result in: <b><u>Consequences</u></b> - Impact on service delivery - Inability to achieve aims nor able to deliver improved services; - Financial difficulties; - Reputational damage; - Poor performance; - Poor outcomes for people and staff morale; - Poor inspection results; - Impact on parent bodies <b><u>Causes</u></b> - Resistant to change; - Bad press; - Party politics / Local circumstances; - Poor communication; - <del>Reactive not Proactive / no clarity of message</del>	Chief Officer	5	4	20	1. IJB development sessions 2. Work with public partners / community planning 3. Community engagement project by project 4. Ambassador role of Chief Officer / Senior Leadership	B C C B	5	3	15	1. Project by Project inform Politicians.  2. Raise awareness with Elected Members / IJB Visits  3. Ensure timely response to PKC queries.  4. CO continue to meet with CEX / CEO of parent bodies every week and Chairs of Boards and Leaders.  5. Engage with communities / localities and Councillors		Open	
SR09	Strategic	<b><u>Technology / IT/ Data / Performance</u></b> There is a risk that a lack of a unified IT strategy could result in: <b><u>Consequences</u></b> - 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). <b><u>Cause</u></b> - 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.	EMT	3	5	15	1. IT Managers for HSCP across Tayside wide have been meeting to develop solutions; 2. Common log in platform and ability to view HSCP systems; 3. Joint SharePoint site; 4. Paper recording	C  C  C D	3	5	15	1. Regular updates to IMT/EMT on progress.  2. Develop a unified strategy  3. Develop SharePoint.  4. e-knowledge	S Strathearn / M Rapley  A Taylor??  L Harris		

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