

Strategic Objectives 2019-22

- A We will work to reduce health inequalities
- B We will plan and provide health and social care services in ways that keep people safe and protect them from harm
- C We will ensure children have the best possible start in life and plan services in a person centred way that benefits the person receiving the service, so they have a positive experience - right service, right place, right time.
- D We will plan for and deliver services in person centred ways that enable and support people to look after and improve their own health and well-being
- E We will prioritise community based services, with a focus on anticipatory care and prevention to reduce preventable hospital admission or long term stay in a care setting
- F We will deliver services that are integrated from the perspective of the person receiving them or represent best value with a strong focus on the well being of unpaid carers
- G We will establish "Locality Planning, Owning, Delivery" operational and management arrangements to respond to local needs
- H We will strengthen and develop our partnership with specialist health services with NHS GG & C and Community Planning Partners as well as with the third and Independent sectors
- I We will sustain, refocus and develop out partnership workforce on anticipatory care and prevention
- J We will put in place a strategic and operational management system that is focused on continuous improvement, with a clear governance and accountability framework
- K We will underpin our arrangements by putting in place a clear, communication and engagement arrangement involving our staff, users, the public and stakeholders

ARGYLL & BUTE INTEGRATION JOINT BOARD STRATEGIC RISK REGISTER UPDATED SEPTEMBER 2023

Risk Ref and Strategic Objectives	Description Of Risk	Consequence	Gross Risk			Mitigations/ Control Measures 2023/24	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating /Score		Likelihood	Impact	Risk Rating /Score		
SSR01 links to B,E,F,J	Medium Term Financial Sustainability - risk of financial failure arising from costs and demand for services outstripping funding. This could be as a result of demand, cost pressures and inflation, failure to deliver savings or as a result of the level of delegated resource to the IJB from Scottish Government and / or partners being insufficient to deliver on strategic objectives.	Inability to deliver on the Strategic Plan, reduction in performance, progress not being made in respect of national priorities and targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes or reductions that are not line with the strategic objectives. Possibility of intervention in management of HSCP.	4-Likely	5-Extreme	VERY HIGH 20	<ul style="list-style-type: none"> Financial information reported to Finance & Policy Ctee and IJB for current year and the budget outlook for future 3 years Review of funding allocations and settlements from government and partners and engagement with sector networks Finance & Policy Committee scrutiny financial performance, risk management, savings programme and financial planning Increased focus on delivery of the Savings Plan, project management approach to monitor and record progress Development of financial governance, integrated financial reporting, financial risk register, operational and strategic reporting along with modelling of cost pressures. Independent external audit of accounting and financial planning and reporting process of partners and HSCP Engagement with budget holders, SIO's and finance teams to ensure accurate financial forecasting is in place. Increase in general reserves due to better than expected financial performance in 2022/23 	4-Likely	5-Extreme	VERY HIGH 20	<ul style="list-style-type: none"> Detailed plans under development for use of reserves and refresh of Transformation Programme Review of medium term financial plan to be completed & NRAC funding allocations to be investigated further 	Chief Finance Officer / Chief Officer / SLT ↔
SSR01 (b)	Going Concern Status - Risk of financial failure within a 1 year time horizon due to overspending of service budgets, inflation and cost pressures or reductions in funding	Inability to deliver on the Strategic Plan, reduction in performance, progress not being made in respect of national priorities and targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes or reductions that are not line with the strategic objectives. Possibility of external intervention in management.	4-Likely	5-Extreme	VERY HIGH 20	Mitigations are as above. Budget for 2023/24 has a significant gap, however the HSCP has reserves in place which will be able to fund the anticipated budget gap arising during the year.	2-Minor	4-Major	MEDIUM 8	Level of reserves currently in place mitigate this risk at present. NHS Highland continue to be under severe financial pressure which presents a short term risk to HSCP resourcing.	Chief Financial Officer / SLT ↓
SSR02 links to A,B,C,D,E,F,G,H,I,J,K	Delivery of Strategic Objectives - Lack of resources to deliver transformational change could lead to a failure to deliver on strategic outcomes and priorities in the Strategic Plan and expectations of Government. The pace of change to re-design services might not keep up with the demographic pressures of an ageing population.	Inability to engage with the workforce and communities on the need for change could lead to reputational damage and the increased fragility of health and social care services and poorer health outcomes for local people.	4-Likely	4-Major	HIGH 16	<ul style="list-style-type: none"> Locality Planning Groups with agreed terms of reference and engagement strategy guidelines Delivery of the annual Savings Plan with EQiAs produced to highlight impacts where appropriate Medium term budget planning integrated with strategy development Performance reporting - management information and transparent reporting to IJB Communications and engagement strategies Improved governance for IJB and committees SMT reporting structure and links with partner organisations, including Chief Officer representation on partner senior management teams Engagement with staff representatives Clearly articulated impact on Quality and Performance in all service redesign plans 	3-Possible	4-Major	HIGH 12	<ul style="list-style-type: none"> New Strategic Plan and Commissioning Strategy consulted widely upon and approved, this re-states and validates strategic objectives Roll out of new integrated Performance & Reporting regime in 2023/24 Locality Planning Groups Review of transformation programme structure and increased resourcing to projects 	Chief Officer ↔
SSR03 Links to B,E,G,H,I	Demographic Changes - failure to implement strategies and actions to address future demographic challenges of declining population, reduced working age population and an increase in the proportion of older people. Failure to accurately forecast the impact on services including shifting the balance of care and implementing new models of care. The population decline will reduce resources available in future.	This could lead to service failure to meet needs of service users and deliver against the Strategic Plan objectives.	4-Likely	4-Major	HIGH 16	<ul style="list-style-type: none"> Strategic Plan and role of Strategic Planning Group Incorporation of demographic forecasts into Strategic Planning and Locality Planning Locality Planning Groups to inform service re-designs in each locality in line with needs of the population Strategic Workforce Planning Group established to share data and good practice and develop 3 year workforce plans Demand pressures for services incorporated into budget process National awareness of demographic changes being driver for change in the way services are delivered Ongoing engagement with Community Planning Partners and joint planning 	4-Major	4-Major	HIGH 16	<ul style="list-style-type: none"> Resourcing and commencement of prevention agenda and co-production work Planning for future workforce demographic changes in Workforce Plan Updated Adult Health Strategic Needs Assessment Review of Transformation and change programme and re-commencement of transformation activities Establishment of Prevention Transformation Programme 	Chief Officer / SLT ↑
SSR04 links to J	Governance and Leadership - IJB arrangements are not conducive to effective working and lead to poor decision making and lack of strategic direction.	Service and reputational damage, lack of confidence in the IJB and inability to deliver on strategic objectives in a consistent manner.	3-Possible	4-Major	HIGH 12	<ul style="list-style-type: none"> Appropriate representation on the IJB. Programme of development sessions for IJB members. Integration Scheme reviewed March 2021, Strategic Plan, Standing Orders and Code of Conduct in place. Effective sub-committee structure in place Internal Audit review of governance arrangements and recommendations implemented. External Audit review of governance and annual governance statement. Regular engagement with Standards Officer and regulatory bodies Full engagement of Board in development of Strategic Plan and Commissioning Strategy 	3-Possible	3-Moderate	MEDIUM 9	<ul style="list-style-type: none"> Development of continuous improvement to achieve an holistic approach to the overall Governance of the IJB and regular review of performance Implementation of governance improvement actions and audit recommendations Increased stability in senior leadership team New Strategic Plan approved and in place 	Chief Officer ↔

SSR05 links to G,H	Partnership Working - service delivery failure due to inadequate relationships with partners including the Council and Health Board and commissioned service providers including NHS GG&C and the third sector.	May lead to duplication of effort, poor relationships and the inability to effectively negotiate the IJB's position. The partnership may be viewed as failing or not achieving objectives, leading to reputational damage and loss of confidence in IJB and partners. It could also result in a reduction or loss of services to the community and failure to exploit opportunities for joint working, innovation and efficiencies.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> Integration Scheme recently reviewed outlining roles and responsibilities Independent scrutiny arrangements in place and work of internal audit, including assurance mapping. Representation on IJB from partners, community representatives and third sector representatives. Clear channels of communication and information sharing protocols in place Directions are issued to partners in line with strategic direction and operational delivery of services. Strategic Planning work with Commissioned Service providers and new Commissioning Strategy Third Sector representation on the IJB & commitment to co-production Regular engagement with key partners 	3 - Possible	3 - Moderate	MEDIUM 9	<ul style="list-style-type: none"> Alignment of roles and responsibilities through the code of corporate governance and induction training for new members of the IJB Approval of Commissioning Strategy following extensive consultation with partners Shift from annual grant funding to longer term contracts to facilitate longer term security / planning Resourcing and Commencement of Prevention and Co-Production work and activities and integration of these within Transformation programme Reinvigoration of locality planning groups and engagement with the Local Area Group. Re-establishment of regular meetings with GG&CHB Improved engagement mechanisms and establishment of prevention and co-production workstreams 	Chief Officer ↓
SSR06 links to E,J	Infrastructure and Assets - Assets remain under the ownership of the Council and Health Board. Risk that these do not meet the current and future requirements due to underinvestment in maintenance, equipment and ICT or that assets are not being used or managed efficiently and effectively.	Risk assets not being maintained / replaced or being otherwise appropriate to support the IJB's strategic outcomes and do not enable efficient, safe and effective service delivery. Accommodation provided for residential and short episodes of care result in poorer outcomes. Properties will fail to meet standards required by regulators, and fail to deliver on carbon reduction commitments. Equipment will become unreliable with additional downtime and ICT infrastructure will not support Digital Transformation ambitions.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> Progressing co-location options with Argyll & Bute Council Represented on Council and NHS Highland Asset Management Boards Partnership working to reflect joint planning approach with membership of both partner asset groups Appointees of new senior management post to increase capacity Securing of additional external resource for investment in Tires and in carbon reduction. 	3 - Possible	4 - Major	HIGH 12	<ul style="list-style-type: none"> HSCF Digital / IT strategy now complete help enable TEC / remote working Development of a strategic approach to the combined HSCF estate and the identification of priorities for investment and replacement of infrastructure assets. New Strategic Estates & Sustainability Post and establishment of new Infrastructure Transformation Board. Resourcing of key infrastructure projects to link with strategic and transformation objectives Strategic Assessment work underway to try and get replacement assets in capital pipeline at Scottish Government level. Risk reducing due to increased management capacity, additional resources available and held by HSCF, 2 recent successful bids for external funding worth over £0.5m. 	Chief Officer, Head of Strategic Planning and Performance, Head of Finance & Transformation ↓
SSR07 links to B,D,E,H	Sustainability of commissioned service providers - financial and operational sustainability of care at home and care home commissioned service providers deteriorates as a result of financial and workforce pressures.	Market failure would lead to disruption of service, the implementation of contingency plans, increased costs and an adverse impact on individuals and their families. Would also impact on the ability of the IJB to deliver on the planned shift in the balance of care.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	<ul style="list-style-type: none"> Commissioning team supplier relationship and market management, including contract management and review processes and solvency checks as part of contract management Additional funding for providers to facilitate the implementation of the wage increases and Fair Work Practices Engagement with national work supporting the National Contracting Contingency planning in localities for care at home during the pandemic. Care Home and Care at Home Assurance Group for Argyll and Bute to identify and manage local and short term risks. Strategically the Care Home Programme Board will assist planning ahead with forecasting demand. Engagement with national workforce planning and local training providers around promotion of the caring profession 	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> Continuing work with providers in partnership Ongoing engagement nationally with financial sustainability plans and flexible approach to local support where necessary Implementation of Strategic Commissioning Plan based on Joint Strategic Needs Assessment Engagement with key providers and project planning to address issues as they arise. Regular management escalation where issues arise Effective use of additional winter planning funding to try and improve sustainability of providers Positive internal audit review provides assurance risk is being managed appropriately Contingency planning where there are specific known issues 	Heads of Adult Care, Head of Strategic Planning and Performance ↔
SSR08 links to A	Equalities - services are not delivered in a way that addresses inequality or takes into account the needs of those with protected characteristics.	Service users are put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.	4 - Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> Equalities Outcomes Framework in place Equalities impact considered as part of IJB decision making and service change. Communication with service users as part of implementation of service change using engagement and communication strategies. Adjustments to implementation plans are actioned where appropriate to mitigate any potential negative impact. Service changes not implemented where this would constitute unlawful discrimination. 	3 - Possible	3 - Moderate	MEDIUM 9	<ul style="list-style-type: none"> EQA process are improving but provider sustainability issues have a significant impact on those with protected characteristics Review of Equality outcomes in line with policy 	↔
SSR09 links to B,C,D,E,F,J,I	Scottish Government Policies - risk of further legislative, policy developments or change which impacts on the IJB's ability to deliver on the current Strategic Plan.	Inability to deliver SG policies alongside the Strategic Plan and IJB's agreed objectives and the impact of additional unfunded cost pressures.	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> Horizon scanning for policy developments through partners and SMT network groups Regular liaison with senior officers in the Scottish Government and through Cosla Groups Respond to Scottish Government information requests on impact of future policies Early impact assessment locally for national policies, including any impact in budget outlook Implement and adopt innovative ways of implementing policies Role of Elected Members and IJB members to influence Scottish Government decision making through political routes On-going monitoring of developments with NCS 	4 - Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> Engagement in sector developments and networks relating to the implementation of the National Care Service Engagement continuing through professional networks to respond to NCS proposals Sending Review published in May 22 outlines prioritisation for Health and Care sector Engagement with government officials including visits to area and meetings to discuss local impacts of NCS Respond to requests for evidence from parliamentary committees Positive relationships with key partners, civil servants and politicians Establish working group to consider implementation of Staffing Act 	Chief Officer, Heads of Service ↑

SSR10 links to B,C,E,H,J	Workforce Recruitment and Retention - inability to recruit and retain the required workforce because of local or national workforce shortages. This may result in increased costs, increased risk or reduced service. Applies to commissioned services as well as direct provision.	Service users needs for particular disciplines or in particular areas may not be met if workforce is not in place.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	<ul style="list-style-type: none"> oJoint and integrated Workforce Plan oStrategic Workforce Planning Group to ensure overall visibility of recruitment, retention and development challenges across HSCP oApply 2b campaign framework for attracting people into area. oContingency plans for clinical posts to reduce reliance on locums oService re-designs to plan for changes to services in line with workforce capacity oTargets for new Modern Apprentices to reduce average age of workforce oSupport commissioned service providers with recruitment and retention, for example supporting implementation of Living Wage and pay rate increases. o Links with Open University assisting recruitment of students for social work and nursing o Programme for delivering SVQs for social care o Development and roll out of community team standards o Detailed data on workforce available to managers 	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> oStrategic Workforce Planning group to implement Workforce Strategy oHeads of Service and Managers actively engage in workforce planning oExplore further opportunities for Growing our Own including MAs in NHS oPromote ABC and NHS as employers of choice and ensure all vacancies promoted using abplace2b.com. oContinue to reduce reliance on locum and agency staff through scrutiny oEnsure on-going support for CPD utilisation of new funding to increase staffing oIdentification of options within current estate in HSCP to address housing shortages and progress key worker housing in partnership with Housing Associations, Shelter Scotland and Argyll & Bute Council. oInternal audit review oIndustrial action remains a risk and is likely to impact negatively on workforce retention and recruitment 	Head of Customer Support Services / Head of People, Planning and Reward / People Partner	↔
SSR11 links to B,E,F,J,K	Communications and Engagement with Communities - risk of inadequate arrangements in place to communicate with stakeholders, communities and partners.	Could result in failure to gain community support for service changes and ineffective partnership working with communities. Reputational damage from failure to adequately consult and engage. Could result in failure to deliver planned change and transformation projects.	5 - Almost Certain	4 - Major	VERY HIGH 20	<ul style="list-style-type: none"> oCommunication and Engagement Strategies delivered but require to monitor practice through assurance frameworks. oOpenness and transparency of publicly available information oCommunications events and information widely available to engage stakeholders in conversations about service changes and the need for change. oEngagement with politicians to ensure the Argyll and Bute position is shared and understood. oLocality Planning Groups and other forums are used to communicate with communities and explore new ways of getting the UB message across oCommunication plans developed as part of implementation of service changes 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oSupport local ownership of communications and engagement oContinue roll out of social media use at a local level oOngoing review of Communications and Engagement Strategy and framework. oDeliver communication and engagement plans within guidelines. Ensure conforms to SG guidance "Planning with People" and standards for community engagement. oEffective engagement on strategic plan, commissioning strategy and co-production work. oLocality Planning groups meeting regularly oSupport from Health Improvement Scotland and staff training and awareness raising 	Associate Director Public Health, Communications team	↔
SSR12 links to B,E,F,J,K	Workforce Shift - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration.	This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care. Full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oJoint Partnership Forum and Staff side Liaison facilitate communications and information flow between management to staff side and Trade Unions oCommunications plan for each service change project, including staff as stakeholders oSupport from staff side partnership to support staff with new ways of working with an integrated partnership approach. oCompliance with terms and conditions of employment for both staff groups oIndividual staff development plans and training programmes oWorkforce Planning oStaff surveys used to inform targeted improvement work with individual teams oStrengthened communication and cascade of information from Chief Officer 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oClarity over role and function of teams working in our communities.OD support will be offered to Area Managers to support teams. o ongoing work of the culture and staff wellbeing workstreams o development of workforce strategic plan o increased focus required on progressing with redeployments of staff who are supernumerary o development of plans and engagement with staff in respect of how to invest funds in improving staff wellbeing o staff side involvement in SLT meetings and Transformation Board 	Chief Officer	↔
SSR13 links to A,B,H,J	Safety of Services - inability to maintain the safety of services due to demographic changes, increasing need and complexity and the ability to recruit staff for direct employment and for delivery partners	May result in harm to service users or patients, the failure to provide appropriate care and reputational damage to the UB and partners.	4 - Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> oClinical and Care Governance Committee and professional leadership oRisk Management Strategy recently updated and operational risk management arrangements oOn-going recruitment, retention and training of staff oTriggers for service re-designs including ensuring clinical safety is not compromised oPrioritisation of need frameworks in place to determine need for access to services oDevelop and implement contingency arrangements for localities and services 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> o Increased focus on training and development of staff and improved flexibility o Increased engagement with commissioned service providers o New Contingency, Risk and Resilience group 	Lead Nurse/Chief Social Worker	↔
SSR14 links to A,B,H,J	Waiting Times - failure to meet waiting times targets and treatment times guarantees for treatment in specialities in NHS GG&C and outreach clinics in Argyll and Bute. Waiting times have already increased due to Covid-19 pandemic and disruption and pressures within the Health system continue.	This would result in a poor level of service for patients, the potential to have to travel further for appointments, and is not in line with the anticipatory and preventative approach to care.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> o Continued engagement with NHS GG&C to agree a strategic jointly planned approach to outreach services o Monitoring and reporting of waiting times o Development of new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care or AHP professionals o Plans for use of Waiting List and winter planning funding 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oInclusion in NHS Highland Remobilisation plan to request additional funding to redesign services and address backlog. Initiatives include increasing virtual clinics/services, digital and appointment modernisation, enhanced role of AHPs and waiting times initiatives additional clinics. oThe development of Near Me and Outreach Clinics needs further scoped across all sites/clinics following the pandemic. oEvidence of continuing disruption to services and staffing shortages throughout local and national healthcare system continuing to make it challenging to address increased waiting times. This is a serious national issue at present. Pass through of funding is essential to progress. 	Heads of Service	↔
SSR15 links to A,B,C,D,E,F, G,H,J,K	Support Services - risk that support services do not adequately support front line service delivery. Inability to integrate support services which are not fully delegated to the UB. Continued reliance on two systems, processes and approaches may lead to confusion and ongoing inefficiency. Risk that partners will not support changes to current arrangements.	Could adversely affect services experienced by patients and service users if support services cannot fully support front line services. Wasteful duplication and inefficient use of resource.	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oCo-location of staff oSome IT systems integrated and further plans to review this and to facilitate access to joint systems oRollout of MS Teams - IT services and remote working are much improved as a result o Committee support arrangements in place o Continuous improvement in support service provision 	4 - Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oReplacement programmes for new systems Social work (clips), Hospital Telecoms, and portal (link systems) funded and in place. oOffice 365 implementation oDevelopment of corporate services agreement with partners oWork to improve recruitment processes on-going o Implementation of staffing act presents an additional pressure on support services, particularly HR 	Heads of Service	↑

SSR16 links to A,B,C,D,E,F, G,H,I,J,K	New General Medical Services Contract - risk that the HSCP are not in a position to support the implementation of the new GP contract as a result of availability of funding and capacity for the HSCP to deliver services transferred from GPs. Higher risk of implementation across remote and rural areas.	Could adversely affect services experienced by patients as gaps in service may arise. Potential for negative impact on relationships with Primary Care practitioners.	4-Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oOngoing collaboration between the HSCP and Primary Care to support practices oPrimary Care Modernisation Board with priorities established and Programme Manager in place oRegular updates on progress to Transformation Board and the IJB, constructive progress being made pharmacotherapy, physiotherapy and mental health workstreams 	4-Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oHead of Primary Care in place to add management capacity. oEngagement with Scottish Government in respect of funding to enable permanent workforce structures to be developed and implemented and agreement of some concessions within Argyll and Bute o Funding for Primary Care improvement reduced substantially by Scottish Government, risk therefore continues to increase at present 	Associate Medical Director ↑
SSR17 links to A,B,C,D,E,F, G,H,I,J,K	Business Continuity and resilience risks including responding to Emergencies	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> oRegular testing of emergency scenarios oResponse to Covid-19 pandemic 	4-Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oDigital / IT & Telecoms infrastructure enhanced oContingency, Risk and Resilience Management group established including representation from partners o Going high demand for services combined with workforce issues 	All SLT ↓
SSR18 links to A,B,C,D,E,F, G,H,I,J,K	Covid-19 and other respiratory illnesses- risks of further waves of covid and other infections with more people becoming ill and requiring health care	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation. Risk would result on further pressure on available workforce.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	<ul style="list-style-type: none"> o there is an effective vaccination programme in place. o experience and project planning of previous mobilisation from first and second waves 	3-Possible	3 - Moderate	MEDIUM 9	oRisk perceived to be reducing at present	All SLT ↓
SSR19 links to A,B,C,D,E,F, G,H,I,J,K	Culture - risk that perception of negative culture results in increased difficulties in recruiting and retaining staff, staff wellbeing and wider reputation of the HSCP.	Adverse impact on reputation and ability to recruit. Also impacts on service delivery if teams are unhappy or short staffed as a consequence	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> o Wellbeing groups and workforce strategy group in place o Whistleblowing process in operation o Guardian Service in operation - independent and confidential o extensive roll out of courageous conversations training 	3 - Possible	3 - Moderate	MEDIUM 9	oindications of improving culture	Chief Officer ↓
SSR20	Statutory/Mandatory Training - risk that patient / service user harm could result directly from, or be attributed to, a failure to comply with statutory and mandatory training requirements. This could result in harm to an individual or group of service users, members of staff and could result in financial claims and reputational damage.	Adverse effect on quality and safety of care and service delivery. -Potential to result in Adverse Events with harm to service users and staff which could result in civil claims being made with a risk of high financial cost. -Potential for enforcement action being taken against the HSCP by the HSE with severe financial and reputational consequence	5-Almost certain	5-Extreme	VERY HIGH 25	<ul style="list-style-type: none"> o Stat/Man training policy in place. o Training programmes in place via on-line training and face to face induction programme 	3-Possible	5-Extreme	HIGH 15	<ul style="list-style-type: none"> oHead of Service/senior managers to compile service improvement plans with local delivery based on individual service position. Specific plans put in place for online training and for face to face training. oHeads of Service to ensure there is a regular forum for reviewing the plan, ensuring implementation and escalating barriers. oAll staff to receive a communication from the Chief Officer on responsibilities for undertaking mandatory training. oManagers to ensure that they are up to date with their own training. oManagers to monitor compliance, support staff to access computers and have time to bring their mandatory training up to date. oManagers to support staff who are falling behind with their compliance with mandatory training and follow up until the training has been completed. oThe Health & Safety Committee and Strategic Leadership Team will review compliance performance regularly, compliance is improving as a result. 	Chief Officer ↓
SSR21	Vaccine Delivery - Whilst responsibility for the delivery of the vaccination programme sits with NHS Highland, there is a risk that locally the vaccine programme may not be delivered as quickly as communities and government wish.	-Reputational damage may arise as a result of the local management of the vaccination programme -communities may not benefit from the impact of the vaccination programme to the maximum possible extent	4-Likely	4 - Major	HIGH 16	<ul style="list-style-type: none"> oEngagement with Highland Health Board to ensure that the vaccination is programme is delivered as quickly and efficiently as possible oRecruitment of vaccination staff on a permanent basis oEffective communication with local communities 	3-Possible	3-Possible	MEDIUM 9	oPermanent recruitment of vaccination staff oGood local performance levels to date oExtended messaging on all vaccination programmes for all ages	Chief Officer ↓
SSR 22	Climate Change - risk that the HSCP will not achieve the climate change decarbonisation and emissions targets set for it. This is likely to result in reputational damage at both a community and political level as well as a financial cost.	-Perception that the HSCP is not fully committed to delivering on the Scottish Government Climate Change targets as a result of lack of capital and revenue funding or management capacity to prioritise this work.	4-Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> oOn-going engagement and participation with A&B council, NHS Highland and Scottish Government partners in respect of all health and care areas producing CO2 emissions including procurement decisions, estate, travel and transport. Services provided by the HSCP. o Access to funding revenue and capital to undertake CO2 reduction projects e.g. zero emission NHS fleet by 2025 	4-Likely	3 - Moderate	HIGH 12	<ul style="list-style-type: none"> oSecured funding for carbon reduction consultancy oDevelopment of capital and revenue investment plans in HSCP, Argyll and Bute Council and NHS Highland oLocal projects underway, climate change report submitted and potential for case study oNew Estates and Sustainability manager now in post and funds available for investment 	Head of Strategy, Planning, Performance and Technology ↓
SSR 23	Socio-Economic Situation - multiple risks relating to the current socio economic situation. Risk is driven by direct and indirect implications of high inflation, expected increase in poverty, increasing interest rates and tightening public funding position.	Consequences may include: -increased staff and non-staff costs reducing real terms values of budget and reserves. -potential for strike action within HSCP, partners and in other services and industries. -additional service demand arising from cost of living crisis, increased poverty levels, increased pressure on mental health services may be a particular pressure. -shortages of supplies and services which could include supplies of drugs and other critical supplies and care provision.	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> o recognition that this is a national socio-economic issues and local mitigations and influence is limited o resilience and contingency planning o remobilisation of services o involvement in sector discussions in respect of strike exemptions o may need to consider prioritisation of services and resources 	4-Likely	5 - Extreme	VERY HIGH 20	<ul style="list-style-type: none"> o HSCP planning sensitive to issues facing local communities o awareness of pressures and careful financial and service planning to mitigate impact particularly on most vulnerable o largely outwith the control of the HSCP 	Chief Officer & SLT ↔

Risk Matrix

IMPACT	LIKELIHOOD				
	Risk	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)
Extreme (5)	MEDIUM 5	HIGH 10	HIGH 15	VERY HIGH 20	VERY HIGH 25
Major (4)	MEDIUM 4	MEDIUM 8	HIGH 12	HIGH 16	VERY HIGH 20
Moderate (3)	LOW 3	MEDIUM 6	MEDIUM 9	HIGH 12	HIGH 15
Minor (2)	LOW 2	LOW 4	MEDIUM 6	MEDIUM 8	HIGH 10
Insignificant (1)	LOW 1	LOW 2	LOW 3	MEDIUM 4	MEDIUM 5

Table 1 Assessment of likelihood

Score	Description	Chance of Occurrence
1	Rare	Can't believe this event would happen again – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen again, but definite potential exists
3	Possible	Has happened before on occasions – reasonable chance of re-occurring
4	Likely	Strong possibility that this could happen again
5	Almost Certain	This is expected to frequently happen again – more likely to re-occur than not

Table 2 Assessment of Impact

Descriptor	Insignificant	Minor	Moderate	Major	Extreme
Score	1	2	3	4	5
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome: long term effects – expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome: continued ongoing long term effects.
Injury (physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical 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.

Staffing and Competence	Short term low staffing level temporarily reduces service quality (< 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 ineffective training/implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training/implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training/implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training/implementation of training.
Financial (including damage/ loss/ fraud)	Negligible organisational/ personal financial loss (< £1k) (NB. Please adjust for context)	Minor organisational/ personal financial loss (£1-10k).	Significant organisational/ personal financial loss (£10-100k).	Major organisational/ personal financial loss (£100k - £1m).	Severe organisational/ personal financial loss (>£1m).
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 and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/ FAI.