



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: ANNUAL RISK MANAGEMENT OVERVIEW

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC28-2018

1.0 PURPOSE OF REPORT

To provide the Performance and Audit Committee with an annual overview of Dundee Health and Social Care Partnership's Risk Management Strategy.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the content of this report;

2.2 Notes the work being undertaken to formalise escalation protocols for specific risks to the Integration Joint Board and to partner bodies (section 4.4 of this report) and future developments around Locality Operational Risk Management Plans (section 4.3 of this report) and a Resilience Group (section 4.5 of this report).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Development of Risk Management Recording System

4.1.1 Dundee Health and Social Care Partnership's risk management recording format was based on the Integration Joint Boards' Risk Management Policy and Strategy which was agreed at the IJB at its meeting held on 27 April 2017 (report number DIJB22-2016) which is attached as appendix 1 and the Risk Matrix on Pentana (Performance Management system). Work is ongoing to ensure that the Health and Social Care Partnership's risk management recording format is compatible with Risk Management recording in Dundee City Council (Pentana) and NHS Tayside (Datix).

4.1.2 The main focus this year has been the development of the Operational Risk Register, in addition to the already established Strategic Risk Register. Guidance on risk reporting has been developed for authors of reports to the IJB and PAC. The recording of risks in reports enables IJB and Committee members to consider the extent of the risks associated with any decisions they are being asked to make, and to accept these risks or otherwise. These risks are then recorded in the Operational (Appendix 2) or Strategic risk register (Appendix 3) on Pentana. The Pentana system allows for assigned persons responsible for the risk to make regular updates. The visual matrix on Pentana enables risks to be more easily understood.

4.1.3 Updates from the Strategic Risk Register on Pentana were taken to the Performance and Audit Committee held on 13 February 2018 (report number PAC10-2018 – Dundee IJB High Level Risk Register).

4.2 Effectiveness

- 4.2.1 The Integration Joint Board's Internal Auditor will be validating the risk management work carried out to date, and reviewing and commenting on proposed future approaches as part of the 2017/18 Internal Audit Plan. They will provide a report on the effectiveness of the Partnership's Risk Management Strategy.

4.3 Future Developments in Risk Management.

- 4.3.1 Planned developments to Dundee Health and Social Care Partnership's Risk Management Strategy include the development of Key Performance Indicators to provide assurance on the operation of the Risk Management system throughout the year.
- 4.3.2 Updates from the Strategic and Operational Risk Registers will be presented to the Integration Joint Board following detailed scrutiny by the Performance and Audit Committee. The Risk Registers will be taken to the IJB Meeting to be held on 26 June 2018 to allow the Risk Registers to be reviewed in the context of the annual report.
- 4.3.3 It is planned to engage the Integration Joint Board in work around setting the IJB's risk appetite. This is the amount and type of risk that an organisation is willing to take in order to meet its strategic objectives. Tolerance of risks are approved by the IJB, however the Senior Management Team and Chief Officer review individual risks in more detail.
- 4.3.4 Work is ongoing to develop detailed Locality Operational Risk Management plans. This has been an ongoing process that has been influenced by the Strategic and Operational Risk Registers.

4.4 Escalation Protocols

- 4.4.1 It has been recognised that work needs to be carried out to formalise escalation protocols for specific high risks to the Integration Joint Board, and to partner bodies: Dundee City Council and NHS Tayside.
- 4.4.2 Conversely the IJB also needs assurance around escalation protocols from both partners around any risks that need to be notified, or should have been notified, to the Integration Joint Board.

4.5 Resilience Group

- 4.5.1 Work is underway to develop a Resilience Group for operational services which will bring together Emergency Planning, Business Continuity and Risk Management within the remit of one specific group. This will ensure that emergent issues will be captured across all areas. This will enable them to be prioritised and mitigating factors identified.

4.6 Financial Monitoring

- 4.6.1 Work will be undertaken to record the risks identified in the Financial Monitoring report on Pentana.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

No risk assessment is necessary as this is an annual report.

7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 9 May 2018

Clare Lewis-Robertson
Senior Officer
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Integration Joint Boards

Risk Management Policy and Strategy

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Policy – The Risk Management Approach and Vision

- 1.1 The Integration Joint Boards (IJBs) are committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.
- 1.2 In doing so the aim is to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJBs and others who interact with the services delivered under their direction.
- 1.3 The IJBs believe that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of objectives, better clinical and financial outcomes, achievement of targets and fewer unexpected problems.
- 1.4 They purposefully seek to promote an environment that is risk 'aware' and strive to place risk management information at the heart of key decisions. This means that the IJBs can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.
- 1.5 The IJBs promote the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJBs.
- 1.6 The IJBs will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to their wider governance arrangements.
- 1.7 The IJBs, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Key benefits of effective risk management:

- appropriate, defensible, timely and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse events, claims and/ or litigation; and
- a positive reputation established for the Integration Joint Boards.

Strategy - Implementing the Policy

1. Introduction

1.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the IJBs;
- establish communication and sharing of risk information through all areas of the IJBs
- initiate measures to reduce the IJBs exposure to risk and potential loss; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3 **Strategic risks** represent the potential for the IJBs to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within their Strategic Plans, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJBs activities. Parent bodies will retain responsibility for managing operational risks as operational or service risks which will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.

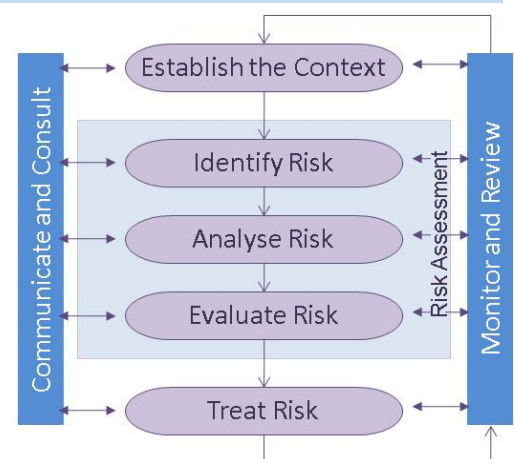
1.5 All risks will be analysed consistently with an evaluation of risk as being probability/likelihood x consequence/impact. Please refer to Appendix 1.

1.6 This document represents the risk management framework to be implemented across the Joint Boards and will contribute to their wider governance arrangements.

2. Risk management process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹ It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJBs embed risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.



3. Application of good risk management across the IJB activities

3.1 Standard procedures (3.1.1 – 3.1.9) will be implemented across all areas of activity that are under the direction of the IJBs in order to achieve consistent and effective implementation of good risk management.

¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

- 3.1.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.1.2 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.1.3 Appropriate ownership of risk: Specific risks will be owned by/assigned to and managed by those individual/s who are best placed to oversee the risk and manage the development of any new risk controls required by the Chief Officer of the relevant IJB in conjunction with the Chief Executive from Health.
- 3.1.4 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.
- 3.1.5 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJBs. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the IJB is confident in its ability to achieve the benefits and manage/ contain the associated risk.
- 3.1.6 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
- 3.1.7 Reporting of strategic risks and key operational risks to the IJB on a quarterly basis.
- 3.1.8 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the IJB.
- 3.1.9 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Risk Leadership and Accountability

4. Governance, roles and responsibilities

4.1 Integration Joint Boards

Members of the Integration Joint Boards are responsible for:

- oversight of the IJBs risk management arrangements;
- receipt, review and scrutiny of reports on strategic risks and any key operational risks that require to be brought to the IJBs attention; and,
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like (*A 'risk implications' section on relevant board papers could facilitate this*).

4.2 Chief Officer

The Chief Officers have overall accountability for the IJBs risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officers will keep the Chief Executives of the IJBs partner bodies (Council and Health) informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of their Strategic Plans or the reputation of the IJB.

4.3 Senior Management Team

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

4.4 Individual Risk Owners/Risk Managers

It is the responsibility of each risk owner/manager to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix both for probability / likelihood and consequence / impact taking into account existing controls and the potential likelihood and consequences after treatment of the risk
- data on which risk evaluations are based are robust and reliable;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- the whole risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk or which are proposed are proportionate to the context and level of risk and are effective in practice
- risks are recorded using the framework in Appendix 2.

4.5 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;

- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

4.6 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

Resourcing Risk Management

5. Resourcing the risk management framework

- 5.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Joint Boards will be resourced through the Senior Management Team's arrangements (referred to in 4.3).
- 5.2 Wherever possible the IJBs will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

6. Resourcing those responsible for managing specific risks

- 6.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that this will be taken forward by the partner organisation, within current resource where possible.
- 6.2 Financial decisions in respect of the IJBs risk management arrangements will rest with the Chief Financial Officer.

Training, Learning and Development

7. Risk management training and development opportunities

- 7.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 7.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJBs and in developing risk management maturity. The Senior Management Teams will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 4.3).

Monitoring Activity and Performance

8. Monitoring risk management activity

- 8.1 The IJBs operate in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 8.2 Monitoring will include review of the IJBs risk profile at Senior Management Team level on a quarterly basis when all strategic, operational and shared risks will be considered.
- 8.3 It is expected that partner bodies will use IJBs risk reports to keep their own organisations updated on the management of the risks, highlighting any IJBs risks that might impact on the partner organisation.

9. Monitoring risk management performance

- 9.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 9.2 The performance data linked to the Strategic Plans will also inform the identification of new risks or highlight where existing risks require more attention.
- 9.3 Reviewing the IJBs risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

Communicating Risk Management

10 Communicating, consulting on and reviewing the risk management framework

- 10.1 Effective communication of risk management information across the IJBs is essential to developing a consistent and effective approach to risk management.
- 10.2 Copies of this policy and strategy will be widely circulated via the Senior Management Teams and will form the basis of any risk management training arranged by the IJBs.
- 10.3 The Policy and Strategy (version 1.0) was approved by the Integration Joint Boards at its meeting of **[00/00/0000]**.
- 10.4 This policy and strategy will be reviewed annually by the Risk Managers from NHS Tayside and the Local Authorities to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Boards business environment.

Appendix 1 Risk Matrix

Impact/Consequences	Critical/Extreme (5)	5	10	15	20	25
	Major (4)	4	8	12	16	20
	Significant/Moderate (3)	3	6	9	12	15
	Marginal/Minor (2)	2	4	6	8	10
	Negligible (1)	1	2	3	4	5
		Very Low/Rare (1)	Low/ Unlikely (2)	Low to High/ Possible (3)	High/ Likely (4)	Very High/ Almost Certain (5)
Likelihood/Probability						

Appendix 2 Risk Framework

RISK FRAMEWORK

<p>Risk Description: <i>Set out which events could impact on the achievement of the objective and their potential consequences</i></p> <p><i>This should be structured which separates cause, risk and effect e.g. "As a result of (1 – Existing Condition), (2 – Something Uncertain) may occur, which would lead to (3 – effect on objectives).</i></p>		Risk Owner:		
		Risk Manager:		
		IJB: <i>Insert the name of the Integration Joint Board to which this risk is reported into</i>		
<p>Objective: <i>Identify which relevant objective this risk relates/links to.</i></p>		Date last reviewed: <i>Insert the date the risk was last reviewed and updated even if no changes are made</i>		
		Date of next review: <i>Insert the date when the risk is next due for review</i>		
<p>Risk Rating: (Likelihood x consequence):</p> <p>Current (<i>risk grade at time of risk review</i>): (IXC)</p> <p>Planned (<i>anticipated risk grading after all mitigating actions have been implemented</i>): (IXC)</p>		<p>Rationale for current score: <i>This should explain the nature of the risk in more detail but also set out why the score is currently as it is; wherever possibly using the descriptors from the risk management matrix</i></p> <p>Rationale for planned score: <i>This should set out why the planned score is both desirable and achievable.</i></p>		
<p>Current Controls (what are we currently doing about the risk?) <i>Ongoing actions designed to mitigate the risk that are already in place and working effectively:</i></p> <p><i>Whilst difficult to judge with precision, the key controls are those that mitigate the risk from its inherent level to its current level. If a control does not have that level of impact then it should be recorded on an operational risk (below) but not necessarily included here.</i></p>		<p>Mitigating actions (What more should we do?) <i>These are the future actions which will bring the risk down from its current to its planned level. If an action is not likely to have this impact, then it may not be necessary to include it so that attention can be focused on the most important controls.</i></p> <p><i>If the list of actions will not in themselves bring the risk down to the required level then this should be identified, with a clear statement of what future work will be done to identify the actions required. If conversely, there are no actions which will take the risk down to its planned level then the planned risk is unachievable and should be amended with explanation.</i></p>		Responsible Person
			Timescale	

<p>Assurances (How do we know controls are in place and functioning as expected?) Please provide details of Reports to Committee which provide information on how the key controls above are operating in practice or direct data on the status of the risk e.g. performance data. A review of the reports which do go to the Committee will identify assurances. However, there must be consideration of whether the reports as they are currently constituted actually provide direct assurance on the operation of the key controls and whether they are constructed in such a way as to ensure that this is highlighted. Where a control is being operated within a sub-group, it is not enough for minutes to be presented. The areas where assurance on key controls is being provided should be overt and unequivocal</p>	<p>Independent Assurances Please provide details of independent scrutiny e.g. Internal and External Reports etc.</p>		
<p>Current performance (with these actions taken, how serious is the problem?) Set out an assessment of how well the risk is currently being mitigated and controls being applied effectively. If possible, very high level performance and other data which outline current status and provide a judgement on whether this is in line with expectations would reinforce the conclusion.</p>	<p>Gaps in assurance (what additional assurances should we seek?)</p> <p>Additional Comments: Any other information that might provide a useful insight or without which the picture presented by the risk framework is incomplete</p>		

Dundee Health and Social Care Partnership Operational Risk Register

Report Type: Risks Report

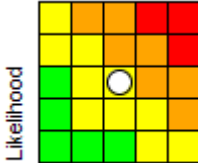
Report Author: Clare Lewis-Robertson

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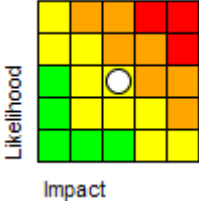
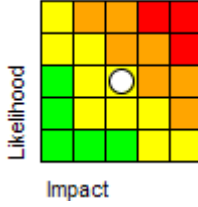
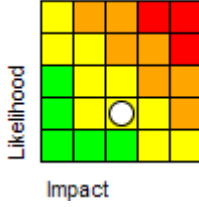
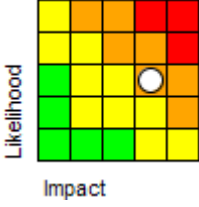
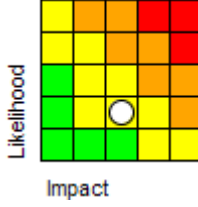
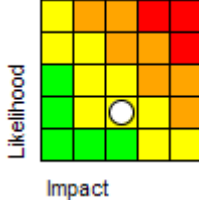


Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Operational						
Proposed Model of care for older people will adversely affect over stretched Primary Care Services	Proposed Model of Care for Older People – Business Case (DIJB37-2017)		<ul style="list-style-type: none"> • Involvement of primary care in developing the model • Secondary care model developed • Discharge criteria developed • Close links with Enhanced Community Support model • Monitor impact by testing model 			Model is being developed in close consultation with Primary Care colleagues to avoid this. Improvement plan being developed for Primary care

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Joint Sensory Services Strategy – services are delivered by disparate organisations around their priorities and not the identified needs of the community as identified in the Strategic Needs Assessment resulting in duplication and disjointed services.	Joint Sensory Services Strategy & Commissioning Statement (DIJB52-2017)		The SPG and this strategic statement provide the structure and key stakeholders to mitigate this risk.			Given the low level of planned risk, the risk is deemed to be manageable.
Substance Misuse Strategic & Commissioning Plan may not be completed and agreed before 31 March 2018.	Substance Misuse Strategic & Commissioning Plan Update (DIJB55-2017)		Work is progressing well and there is full engagement in the development of the Plan.			Given the moderate level of planned risk, it is deemed to be acceptable.
General Practice & Primary Care – insufficient funding will be available to fund the health and social care	General Practice & Primary Care (DIJB51-2017)		There is continued engagement with all partners to develop the Primary Care Development Plan for Dundee.			Given the current stage of the Primary Care Development plan it is recommended that this risk is manageable and should therefore be accepted.

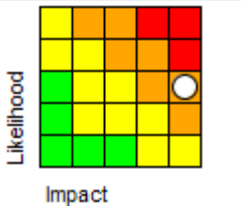
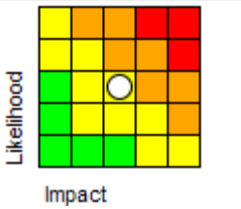
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
community services infrastructure required to deliver the expectations of the new GMS contract.						
Winter Planning Arrangements – the plan is not achieved as described and there is an increase in the number of people delayed leading to boarding of patients and cancellation of elective operations.	Winter Planning Arrangements (DIJB58–2017)		<p>Local planning is in place to ensure the Dundee partnership will fulfil its requirements.</p> <p>The impact on the system will be monitored daily.</p> <p>Christmas/New Year plans will be completed.</p>			Given the moderate level of planned risk it is recommended that the level of risk is accepted.
Transformation Programme does not deliver the agreed range of service redesign investment and efficiency proposals necessary to deliver better outcomes for the citizens of Dundee within the available resources.	Transformation Programme Update Report (DIJB56–2017)		<p>Transformation Delivery Group in place to govern, monitor and drive Transformation Programme.</p>			Given the level of inherent risk is partly mitigated by the actions being undertaken and impacted by a range of factors it is recommended that the level of risk is accepted.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
The IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.	Scottish Government Draft Budget 2018/19 – Implications for Dundee IJB (DIJB1-2018)		Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.			Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2018.
Review of Home Care Services – Potential reduction in available resources during the period of change. This would impact on hospital flow and community capacity to commence new packages of support.	Review of Home Care Services (DIJB2-2018)		Maintain open communication across workforce, trade union representatives and service users. Communication and engagement plan prepared with clear timescales for action. Clarify and maximise available resources. Implement resilience plans as required.			Recommendation to approve the risk.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Home Care Review – Unable to secure an agreement to implement recommended change.	Review of Home Care Services (DIJB2–2018)		<p>Maintain open communication across workforce, trade union representatives and service users.</p> <p>Communication and engagement plan prepared with clear timescales for action.</p> <p>Clarify and maximise available resources.</p> <p>Implement resilience plans as required.</p>			Recommendation to approve the risk.
Integrated Care Fund – there is a financial risk that depending on the outcome of budget negotiations with Dundee City Council and NHS Tayside, there will be insufficient funding to support the committed expenditure.	Integrated Care Fund Recommendations (DIJB4–2018)		<p>The proposals outlined in the report only commit the IJB to funding for a 3 month period in 2018/19 and the implications of any longer term commitments will be assessed by the IJB as part of its final budget setting process.</p>			Given the moderate level of planned risk it is proposed that the IJB accepts the risks.

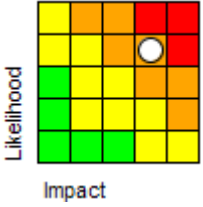
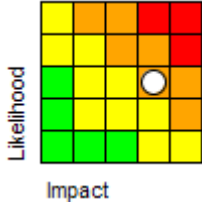
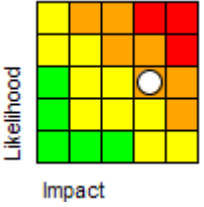
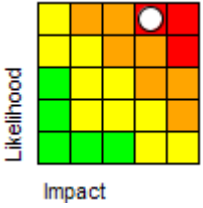
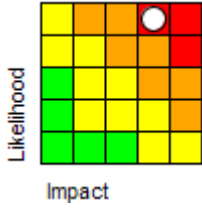
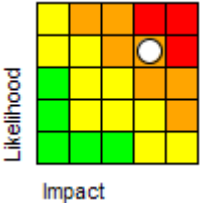
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Performance Report – not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.	Dundee Health & Social Care Partnership Performance Report (Quarter 3) – PAC4– 2018		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. • Continue to report data quarterly to the PAC to highlight areas of poor performance. • Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. <p>Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data</p>			Given the moderate level of planned risk, this risk is deemed to be manageable.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Proposed model of care for older people will adversely impact on out of hours services.	Proposed Model of Care for Older People – Business Case (DIJB37-2017)		<ul style="list-style-type: none"> • Involvement of out of hours in developing the model • Development of a 8 a.m.–8 p.m. model • Clear lines of communication developed • Monitor impact by testing 			Model has been tested and this has not happened will continue to monitor and will continue to work in collaboration with OOHs colleagues.
Mid Year Performance – not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.	2017/18 Mid Year Performance Summary (PAC5-2018)		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. • Continue to report data quarterly to the PAC to highlight areas of poor performance. • Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. 			Given the moderate level of planned risk, this risk is deemed to be manageable.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<ul style="list-style-type: none"> • Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. 			
<p>Measuring Performance Under Integration – not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.</p>	<p>Measuring Performance Under Integration – 2018/19 Submission</p>		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. • Continue to report data quarterly to the PAC to highlight areas of poor performance. • Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. • Continue to ensure that data informs 			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.			
We will not achieve our Strategic Priority to deliver Person Centred Care or meet our statutory duty.	Personalisation Programme (Self-Directed Support) – DIJB3–2018	 <p>Likelihood</p> <p>Impact</p>	<ul style="list-style-type: none"> • Develop a robust and deliverable action plan which incorporates the actions required set out in the self-evaluation appendix 1. • Personalisation Board tasked with monitoring and evaluating progress of delivery plan 	 <p>Likelihood</p> <p>Impact</p>	 <p>Likelihood</p> <p>Impact</p>	Given the moderate level of planned risk, this risk is deemed to be manageable.
Carers are not engaged effectively in the work of the Integration Joint Board	Expert, Equal & Valued – Involvement of Carers in the Work of Dundee Integration Joint Board (DIJB10–2018)	 <p>Likelihood</p> <p>Impact</p>	Strong evidence that Carer engagement is fully resourced Strong evidence that Carers Representative represents the views of local carers Evidence that engagement is meaningful and effective – some gaps identified	 <p>Likelihood</p> <p>Impact</p>	 <p>Likelihood</p> <p>Impact</p>	Given the low level of planned risk, the risk is deemed to be manageable.

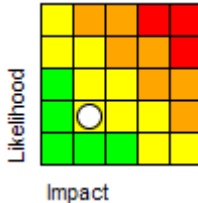
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.	Measuring Performance Under Integration – 2018/19 Submission (DIJB11–2018)		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. • Continue to report data quarterly to the PAC to highlight areas of poor performance. • Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. • Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. 			Given the moderate level of planned risk, this risk is deemed to be manageable.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
The IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.	Dundee Integration Joint Board 2018/19 Budget Progress Report (DIJB13-2018)		Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.			
Performance Management Improvements – Staff resource is insufficient to address planned performance management improvements	Audit Scotland Annual Report 2016/17 – Performance Management Improvements Update (PAC14-2018)		<ul style="list-style-type: none"> • Head of Service, Finance and Strategic Planning currently considering identified resource issues. • Action plan agreed with internal auditor and will be implemented. • Workplan for existing staff resource is in place and regularly reviewed to ensure appropriate priority given to range of tasks. 			Given the extreme level of planned risk it is recommended that the Performance and Audit Committee acknowledges the level of risk and mitigating actions, the impact of which will be continuously reviewed by officers. It is also recommended that capacity within the information function is added as a separate and specific risk within the high level risk register.

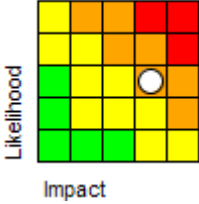
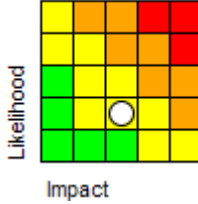
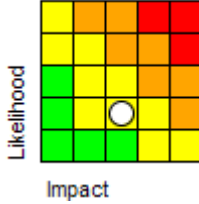
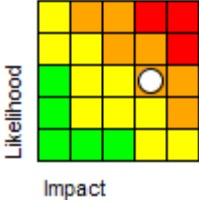
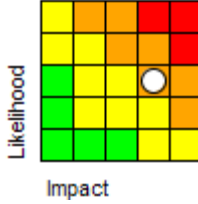
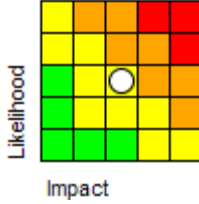
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<ul style="list-style-type: none"> • Performance management improvement capacity is on the high level risk register as part of wider support services capacity. • Through the Tayside Analytical Network joint working with NHS Tayside Business Support Unit is continuing to develop and strengthen. • Internal Audit report on workforce issues has been completed and identified capacity as an issue. 			
<p>Local Government Benchmarking – not meeting targets against LGBF indicators could affect outcomes for individuals and their carers and not make the best use of resources.</p>	<p>Local Government Benchmarking Framework (PAC17-2018)</p>		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against LGBF targets. • Continue to report data annually to the PAC to highlight areas of poor performance. 			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>

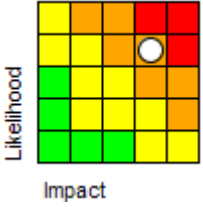
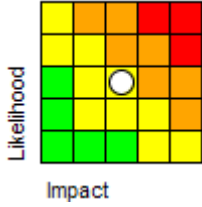
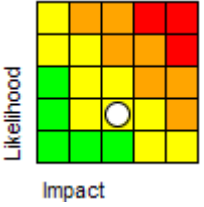
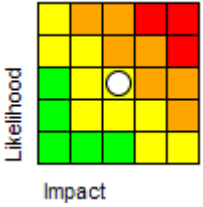
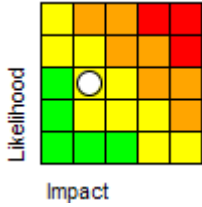
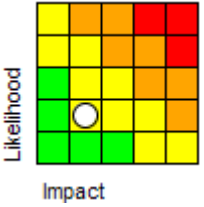
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<ul style="list-style-type: none"> • Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as Self-Directed Support spend. • Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. 			
<p>Equalities Mainstreaming Progress Report – Services delegated to the Integration Joint Board do not meet the needs of people who share protected characteristics, leading to poorer outcomes and a widening inequality</p>	<p>Equalities Mainstreaming Progress Report (DIJB15–2018)</p>		<ul style="list-style-type: none"> • Equality Outcomes agreed and published, mainstreaming update report in progress. • A number of Strategic Planning Groups with a specific focus on the needs and rights of people who share protected characteristics are in place. • Short-life working group to be established 			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
gap.			<p>to further support improved responses to people who share protected characteristics</p> <ul style="list-style-type: none"> • Good links are in place with Dundee City Council and NHS Tayside Equalities structures. • Complaints mechanism available to people using services who may wish to report service responses falling below the desired standard. 			
<p>Equalities Mainstreaming Progress Report – Failure to meet statutory duties under the Equality Act 2010, including statutory reporting requirements.</p>	<p>Equalities Mainstreaming Progress Report 2016–18 (DIJB15–2018)</p>		<ul style="list-style-type: none"> • Update report has been produced and will be published by 1 April 2018. • Plans are in place to support revision of equality outcomes during 2018/19, this is two years in advance of the date required by regulations. • Reporting requirements will be incorporated into 			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>

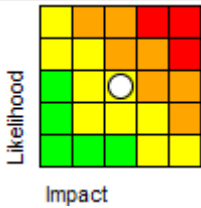
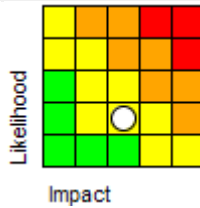
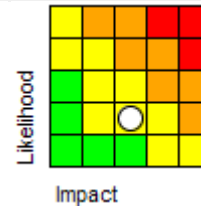
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			Strategy and Performance Service workplace.			
Merger of Dundee & Angus Community Equipment Loan Service	Dundee and Angus Community Equipment Loan Service		The merger of Dundee and Angus Community Equipment Loan Services provides an opportunity to improve outcomes for citizens of Dundee and Angus and improve efficiency of service delivery. A performance and budget report will be provided on a regular basis to demonstrate impact of the merger and an assurance that the service is delivered within resources available to Dundee and Angus Partnerships.			Given the risk mitigation actions in place, the IJB was recommended to accept the risk.
Transformation of Lochee Health Centre – Delay to the project completion and an increase in cost if a two phased	Transformation of Lochee Health Centre (DIJB16–2018)		Project Team to work with services to identify suitable alternative locations for service delivery during the construction period.			Given the importance and potential benefits of this development the risk should be accepted.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
approach cannot be agreed for the project.						
Dundee Integration Joint Board Budget – will not be able to balance its resources and achieve its strategic objectives.	Dundee Integration Joint Board 2018/19 Budget (DIJB17-2018)		<ul style="list-style-type: none"> Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget. 			Although the risk levels remain high, the range of interventions identified generally have a medium to low risk of delivery in 2018/19 therefore it is recommended that the risks be accepted. Risks around the Prescribing budget will be continually monitored and reported to the IJB throughout the year.
Adult Carers Eligibility Framework – non-compliance with statutory guidance	Adult Carers Eligibility Framework (DIJB22-2018)		<ul style="list-style-type: none"> The Eligibility Framework (including Criteria and risk categories) align with Statutory Guidance Carers Scotland Act requires Local Eligibility Criteria to be set in consultation with local carers and stakeholders Proposed Criteria were developed through Public Consultation 			Given the low level of planned risk it is recommended that the risk is accepted..

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Adult Carers Eligibility Framework – eligibility threshold not set at correct level to improve outcomes for carers.	Adult Carers Eligibility Framework (DIJB22–2018)		<ul style="list-style-type: none"> • Carers who do not meet Eligibility Threshold will be supported under power to support (rather than the duty) • Will be reviewed within one year • Data gathering will be undertaken about Carers outcomes 			Given the moderate level of planned risk it is recommended that the risk is accepted.
GDPR Preparations – Breaches of information happen after the implementation of GDPR and the Council and NHS Tayside incur significant financial fines.	Update on General Data Protection Regulations Preparations (DIJB18–2018)		<p>NHS Tayside and Dundee City Council have plans to implement GDPR. As organisations they have significant experience in handling personal data which will help them to minimise data breaches. It is unknown how the Information Commissioner will use their power to apply increased fines.</p>			The planned risk is high due to the potential fines that can be imposed by the Information Commissioner. However, due to the mitigating actions it is recommended that the IJB accept the risk.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
GDPR Regulations – Preparations to comply with GDPR are not carried out efficiently or completed due to staffing levels.	Update on General Data Protection Regulations Preparations (DIJB18–2018)		Plans to map information and to carry out preventative actions are being undertaken. High risk areas have been identified and actions taken to ensure information is GDPR compliant.			Given the moderate level of planned risk, this risk is deemed to be manageable.
Duty of Candour Preparations – Preparations to comply with the Duty of Candour Regulations are not carried out efficiently or completed due to staffing levels.	Update on Duty of Candour Preparations (DIJB20–2018)		NHS Tayside preparations for the Duty of Candour regulations are well established. Council preparations are progressing, there is a clear plan in place and it is likely that this can be completed before the end of May 2018. It is likely that there will be far fewer Duty Of Candour events that will happen for council employees.			Given the low level of planned risk, this risk is deemed to be manageable.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Additional Funding May Be Required to Implement the Carers Strategic Plan and Carers (Scotland) Act 2016	A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee/Valuing, Supporting and Involving Carers: Dundee Carers Charter 2017-2020 (DIJB47-2017)		<p>A performance and budget report will be provided on a regular basis to demonstrate impact of the Plan and an assurance that the Plan is delivered within resources available.</p> <p>We will prioritise investment in projects and supports which enable our strategic outcomes, duties under the Carers (Scotland) Act 2016 and model of delivery to be realised and embedded in our redesign and development of integrated health and social care services. Each project will receive a financial risk assessment so that risks in relation to need for additional funding, sustainability and efficacy are considered and information decision</p>			Given the risk mitigation actions in place, the risk is deemed to be manageable at this time.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<p>making.</p> <p>By adopting this integrated and risk management based approach, it will support improved use of resources, identification of future financial pressure and mitigate risks associated with the implementation of the Strategic Plan and Carers (Scotland) Act.</p>			
<p>Additional Funding May be Required to Implement the Housing Options and Homelessness Strategic Plan (2017-2020)</p>			<p>A performance and budget report will be provided on a regular basis to demonstrate impact of the Plan and an assurance that the Plan is delivered within the resources available to the Partnership and Neighbourhood Services.</p> <p>Each project will receive a financial risk assessment so that risks in relation to need for</p>			<p>Given the risk mitigation actions in place, the risk is deemed to be manageable.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<p>additional funding, sustainability and efficacy are considered and inform decision making. It is anticipated that this approach will mitigate financial risk that additional funding is required in order to support the implementation of the Strategic Plan.</p>			
<p>Additional Funding May be Required to Implement the Dundee Smart Health and Care Strategy (2017-2020)</p>	<p>Dundee Smart Health & Care Strategy 2017-2020 (DIJB42-2017)</p>		<p>A performance and budget report will be provided on a regular basis to demonstrate impact of the Plan and an assurance that the Plan is delivered within resources available to the Partnership.</p>			<p>Given the risk mitigation actions in place, the risk is deemed to be manageable.</p>
			<p>Each project will receive a financial risk assessment so that risks in relation to need for additional funding and sustainability and efficacy are considered</p>			

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			and inform decision making. It is anticipated that this approach will mitigate financial risk that additional funding is required in order to support implementation of the Strategic Plan.			
Absence of clear clinical, care and professional governance arrangements and monitoring can impact on the ability to provide safe services for both employees and service users/patients.	Clinical, Care & Professional Governance Report (DIJB41-2017)		<p>Established clinical, care & professional governance forums in place.</p> <p>Reporting arrangements agreed.</p>			Given the moderate level of planned risk, this risk is deemed to be manageable.
Not meeting targets against national indicators could affect; outcomes for individuals and their carers, spend associated with poor performance and the reputation.	Dundee Health & Social Care Partnership Performance Report – Quarter 2 (PAC32-2017)		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against national and local indicators. • Continue to report data quarterly to the PAC to highlight areas of 			Given the moderate level of planned risk, this risk is deemed to be manageable.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<p>poor performance.</p> <ul style="list-style-type: none"> Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. 			
Discharge Management – unnecessary days in hospital increases the risk of adverse outcomes for individuals, drives up demand for institutional care and reduces the	Discharge Management Performance Update (Including Code 9 Analysis) – PAC39–2017		<ul style="list-style-type: none"> Weekly review of all delays. Action plan and monitoring at the Home and Hospital Transition Group. The Power of Attorney campaign is aimed to reduce the requirement for guardianship 			The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
	level of investment for community support.		arrangements under Adults with Incapacity.			
Dundee Health and Social Care Partnership High Level Operational Risk Register						

Dundee Health and Social Care Partnership Strategic Risk Register

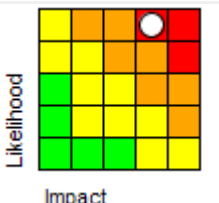
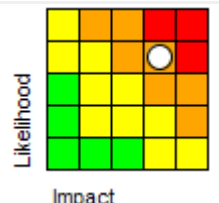
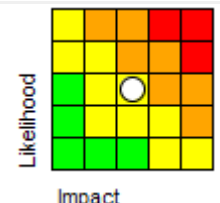
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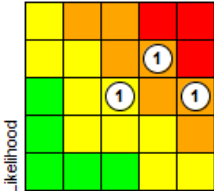
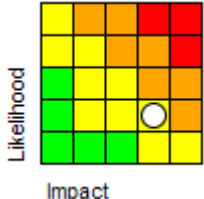
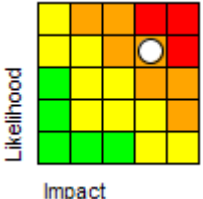
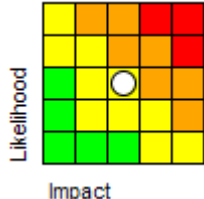
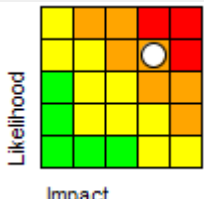
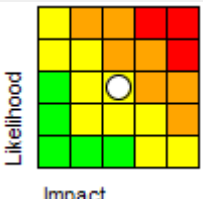
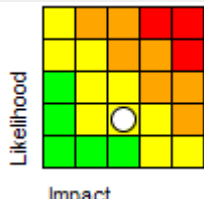
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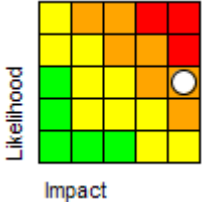
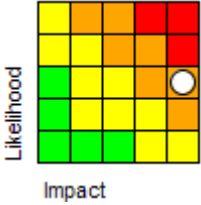
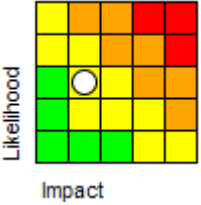
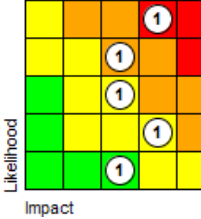
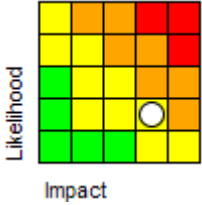
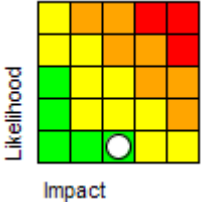
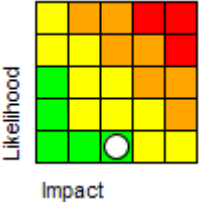
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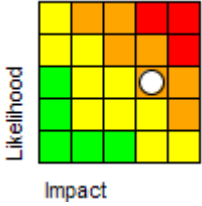
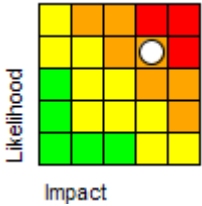
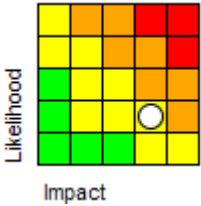


Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Dundee Health and Social Care Partnership High Level Risk Register						
Financial						
Restrictions on Public Sector Funding	Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support		Scottish Government's Finance Settlement highlights further investment in Health and Social Care Partnerships for 2017/18 although a number of pre-determined commitments are set against this such as the full year			Current mitigating actions being taken as detailed in transformation programme will significantly affect the IJB's financial position.

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	<p>services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</p>		<p>effect of the delivery of the Living Wage for adult social care staff. The settlement sets out parameters for the scale of efficiency savings the Council and NHS can set against delegated budgets however, the detail of this is yet to be determined and therefore no adjustment has been made to the risk scoring. In addition a risk sharing agreement is in place with partner bodies for years 1 and 2.</p>			
<p>Unable to maintain IJB Spend</p>	<p>IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.</p>		<p>As per latest Financial Monitoring report presented to the IJB, a net overspend is anticipated however, these mainly relate to areas highlighted in the Due Diligence process and are subject to the risk sharing arrangement with Dundee City Council and NHS Tayside. These do not at this stage impact on the partnership's ability to deliver on the Strategic and Commissioning Plan.</p>			<p>Current year spend continues to be within budget with the exception of the prescribing budget and impact of services hosted elsewhere. These areas will continue to be funded by NHS Tayside under the risk sharing arrangement.</p>

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Workforce						
Staff Resource	The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities and operational delivery.		Recruitment of key posts including Locality Managers will see a further transition of services and the workforce into integrated services and thereby continuing to reduce this risk over time. Internal Audit to undertake a review of the level of corporate support.			Staffing pressures are being experienced across various sections within the DHSCP. Internal audit report acknowledges some evidence of lack of corporate support.
Staff Perception of Integration	Negative staff perception of integration due to historical experiences and lack of communication will lead to an adverse effect on engagement / buy-in to new partnership.		As with (3) above this risk is likely to continue to reduce over time as services become more integrated.			Staff perception of integration may be adversely affected due to workforce pressures. Tools such as Staff surveys and IMatters will assist in identifying what actions need to be taken to reduce this risk.

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Employment Terms	Differing employment terms could expose the partnership to equality claims and impact on staff morale.		Continue control measures as noted previously.			Separate terms and conditions remains an issue nationally however locally, all new recruitment is being carried out jointly with the option for many posts to choose which employer to work for.
Governance						
Stakeholders not included/consulted	Relevant stakeholders have not been included and adequately consulted with during the development and subsequent implementation of the Strategic & Commissioning Plan which may lead to adverse political and/or reputational impact.		Current version of Strategic and Commissioning Plan now published with low risk however, recommendation to continue on the risk register for future/updated versions of the plan.			Ongoing consultation activities with stakeholders are still ongoing and are carried out across the DHSCP.

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Increased Bureaucracy	Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place.		Continue control measures as noted previously – governance scenario workshops not yet in place.			There have been considerable statutory bureaucratic procedures to comply . These place increased workflow on specific areas of the DHSCP that prevent further transformational work from taking priority.
Governance arrangements being established fail to discharge duties	Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required.		Continue control measures as noted previously – governance scenario workshops not yet in place.			Internal and external audit assessment of IJB Governance arrangements as part of the 2016/17 annual accounts process indicated that there are no major issues in relation to governance arrangements.
Uncertainty around future service delivery models	Uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled.		Continue control measures as noted previously.			The IJB continues to form and develop the vision and strategic intentions around service change. This is communicated to its stakeholders. Recent events to demonstrate this include the Celebrating Success event held in November 2017. The publication of the Market Facilitation Strategy in 2017 also supported this.

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Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.	Audit Scotland Annual Report 2016/17 – Performance Management Improvements Update (PAC14–2018)					Given the extreme level of planned risk it is recommended that the Performance and Audit Committee acknowledges the level of risk and mitigating actions, the impact of which will be continuously reviewed by officers.