

# Erratum Notice

## West Dunbartonshire Health & Social Care Partnership Board

**Date:** Wednesday, 19 February 2020

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**Time:** 14:00

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**Venue:** Council Chamber, Clydebank Town Hall, Clydebank

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**Contact:** Gabriella Gonda, Committee Officer  
Tel: 01389 737183, [gabriella.gonda@west-dunbarton.gov.uk](mailto:gabriella.gonda@west-dunbarton.gov.uk)

Dear Member

I refer to the papers for the above meeting which were issued on 6 February 2020 and now attach for your attention a corrected version of **Item 9, 'Strategic Risk Register'** with Appendices 1 and 2 to the report. This supersedes pages 65 to 79 of the original papers issued for the meeting.

Please accept my apologies for any inconvenience caused by this error.

Yours faithfully

**JOYCE WHITE**

Chief Executive

**Distribution:-**

**Voting Members**

Allan Macleod (Chair)  
Denis Agnew  
Marie McNair  
John Mooney  
Rona Sweeney  
Audrey Thompson

**Non-Voting Members**

Barbara Barnes  
Beth Culshaw  
Jo Gibson  
Jonathan Hinds  
Chris Jones  
John Kerr  
Helen Little  
Diana McCrone  
Anne MacDougall  
Kim McNab  
Peter O'Neill  
Selina Ross  
Julie Slavin  
Val Tierney

Senior Management Team – Health & Social Care Partnership

Date of Issue: 13 February 2020

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD****19 February 2020**

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**Subject: Strategic Risk Register****1. Purpose**

1.1 To present the updated Strategic Risk Register for the Health & Social Care Partnership Board.

**2. Recommendation**

2.1 The Health and Social Care Partnership (HSCP) Board is recommended to:

- approve the updated mid-year review of the Strategic Risk Register as attached;
- consider the proposed changes to the format of the risk register;
- select a strategic risk to be presented in greater detail to the next Audit and Performance Committee; and
- Note that a future meeting will be presented with a review on the HSCP Board's current Risk Management Strategy and Policy as required when the initial document was approved in August 2015.

**3. Background**

3.1 The HSCP Board must ensure that it has effective governance arrangements in place, which include systems for managing risks.

3.2 The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the annual strategic risk register for the Health and Social Care Partnership. The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the Health and Social Care Partnership.

3.3 The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The Partnership Board approved the West Dunbartonshire Health and Social Care Partnership's Risk Management Strategy and Policy at its August 2015 meeting.

3.4 At its June 2019 Audit Committee meeting, members of the Committee considered and then endorsed, following discussion, the strategic risk register for presentation to the August 2019 HSCP Board.

**3.5** Following the planned and formal review of strategic risks by the Senior Management Team, the HSCP Board is asked to approve mid-year update of the Strategic Risk Register.

#### **4. Main Issues**

**4.1** Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active 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.

**4.2** The attached Strategic Risk Register (Appendix 1) has been prepared in accordance with the aforementioned local Risk Management Policy and Strategy. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health & Social Care Partnership in order to achieve consistent and effective implementation of good risk management.

**4.3** As per the Risk Management Policy & Strategy, strategic risks represent the potential for the Partnership Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which 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 Health and Social Care Partnership's activities.

**4.5** The Chief Officer has responsibility for managing operational risks as those are 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. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register. 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 Partnership Board (as is the case for two areas of risk identified with the strategic risk register).

**4.6** The strategic risks included here are all included in the previous iteration of the strategic risk register however additional mitigating actions have been reviewed and amended where appropriate.

- 4.7 The mitigating actions within the Report are recorded on Pentana, the Council's Risk Management Tool, to provide the Chief Officer with access to all actions and to allow for twice yearly reports to the Audit and Performance Committee on the actions and progress to manage risks across the Health and Social Care Partnership.
- 4.8 The current version of the strategic risk register does not make full use of Pentana functionality, designed to incorporate the underlying principles of risk management including:
- Impact;
  - Approach to Risk;
  - Management of Risk;
  - Cost Implications; and
  - Potential Effects;

Attached at Appendix 2 is an example of the how the application of this functionality could be applied to the current strategic risk of "Financial Sustainability".

- 4.9 The HSCP Board are asked to consider if the draft example will aid with overall scrutiny of strategic risk and if so the new Head of Strategy, Planning and Health Improvement will incorporate into the upcoming review of the current Risk Management Strategy and Policy.
- 4.10 The HSCP Board members are also asked to select a current strategic risk to be presented in greater detail to the next Audit and Performance Committee.

## **5. People Implications**

- 5.1 Key people implications associated with the identified strategic risks identified are addressed within the mitigating action column of the draft Strategic Risk Register.
- 5.2 The local Risk Management Policy and Strategy affirms that 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.

## **6. Financial Implications**

- 6.1 Key financial implications associated with the identified strategic risks identified are addressed within the mitigating action column of the draft Strategic Risk Register.

**6.2** The local Risk Management Policy and Strategy affirms that financial decisions in respect of these risk management arrangements will rest with the Chief Financial Officer.

## **7. Professional Implications**

**7.1** Key professional implications associated with the identified strategic risks identified are addressed within the mitigating action column of the draft Strategic Risk Register.

**7.2** The local Risk Management Strategy and Policy supports the regulatory frameworks within which health and social care professionals practice; and the established professional accountabilities that are currently in place within the NHS and local government. All health and social care professionals remain accountable for their individual clinical and care decisions.

## **8. Locality Implications**

**8.1** None

## **9. Risk Analysis**

**9.1** It is the responsibility of Audit and Performance Committee to approve the Strategic Risk Register which is then presented to the Partnership Board for final approval as an appropriate Strategic Risk Register for the Health & Social Care Partnership that is prepared in accordance with the local Risk Management Policy & Strategy.

## **10. Impact Assessments**

**10.1** None required.

## **11. Consultation**

**11.1** The Strategic Risk Register has been confirmed by the Health & Social Care Partnership Senior Management Team.

## **12. Strategic Assessment**

**12.1** The preparation, approval and maintenance of the attached Strategic Risk Register will prevent or mitigate the effects of loss or harm; and will increase success in the delivery of the Strategic Plan.

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**Date:** 28 January 2020

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**Appendices:** Appendix 1: West Dunbartonshire Health & Social Care  
Partnership Strategic Risk Register

Appendix 2: Pentana functionality and example

**Background Papers:**

**Wards Affected:** All

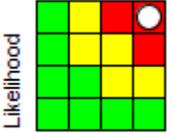
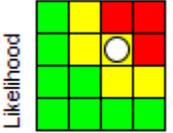


## West Dunbartonshire HSCP Strategic Risk Register

Financial Sustainability/Constraints/Resource Allocation	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver HSCP priorities within allocated budget.</p> <p>Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver service, decrease in quality or reduction of service; failure to adhere to registration requirements; and creates an, impact on staff resilience.</p> <p>Failure to deliver efficiency savings targets, as approved by HSCP Board, including as a consequence of savings proposals implemented by other sections/divisions of WDC or NHSGGC.</p>	Beth Culshaw; Julie Slavin		44 Critical - Certain		43 Critical - Very Likely
<b>Mitigating Actions</b>					
A process of managing and reviewing budget by the Senior Management Team is in place; including application of earmarked reserves, analysis of monthly monitoring reports, securing recurring efficiencies, vacancy management, turnover targets and overtime restrictions.					
A recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT, all budget managers/commissioners of service working with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value.					
Continuation of work with corporate colleagues within WDC and NHSGGC on organisational savings programme and ensure that, where appropriate, the budget managers implement initiatives e.g. FIP (Financial Improvement Programme).					
To engage with forums/groups to identify proposals for eligibility criteria, financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets.					
As required by the Ministerial Steering Group, continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of budget allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings.					
A continued commitment to due diligence in all roles; communication and consideration within and between all areas of service; consultation and communication with the public; staff groups and representatives; Health and Social Care Partnership Board members including elected members.					
The delivery of a medium to long term budget strategy for the HSCP by end of 2019/20 and refreshed on an annual basis to reflect new budget settlements.					
Continued commitment to regular reporting to Health and Social Care Partnership Board and HSCP Audit and Performance Committee as set out in the Financial Regulations, Terms of Reference and the Integration Scheme.					

With regards to Set Aside Resources , agree a financial framework which reflects actual activity and associated budgets including a due diligence exercise, required as part of the overall process of agreeing set aside budgets, which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date.

Develop a Commissioning Plan which will more clearly align finance and planning workstreams across all areas including unscheduled hospital bed usage.

Procurement and Commissioning	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.</p> <p>Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.</p>	Wendy Jack	 <p>Likelihood</p> <p>Impact</p>	<p>44 Critical - Certain</p> <p><b>Alert</b></p>	 <p>Likelihood</p> <p>Impact</p>	<p>33 Significant - Very Likely</p> <p><b>Warning</b></p>
<b>Mitigating Actions</b>					
Regular Care Inspectorate reports on independent and third sector providers are presented to the HSCP Audit and Performance Committee and HSCP Clinical and Care Governance Forum					
Regular Complaints reports are presented to the HSCP Audit and Performance Committee, following scrutiny at SMT. HSCP Clinical and Care Governance Forum					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement partners to progress the Procurement pipeline work, linking procurement and commissioning of internal and external services. Regular procurement reports are presented to the Council's Performance Management and Review Group and updates will be presented to the HSCP Board jointly by Chief Finance Officer after presentation at WDC Tendering Committee.					
Continued commitment by Heads of Service and Integrated Operations Managers to ensure robust contract monitoring, service review and management as part of the procurement pipeline work linked to the development and review of service led service specifications, reporting mechanisms and the agreed terms and conditions of all contracts.					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement colleagues and with service providers to negotiate finance and contractual arrangements including requirement to pay all adult social care workers the Scottish Living Wage. This will be managed on a priority based process agreed with the Heads of Service and the Chief Officer.					
All budget managers and commissioners of services to attend procurement training and have procurement progress as standing item on HOS team meetings.					

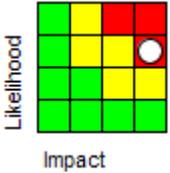
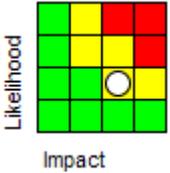
Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.	Wendy Jack		33 Significant - Very Likely		32 Significant - Likely
			<b>Warning</b>		<b>Warning</b>
<b>Mitigating Actions</b>					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; this ensures data and information can be considered in terms of legislative developments, financial reporting/governance and the need to prioritise use of resources effectively and anticipate demand.					
Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data and performance information collated from across health and social care systems; this supports governance and accountability; as outlined within the requirements of the Act.					
Quarterly Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC.					
Development of robust management information available at service level for frontline staff for ongoing demand management quality control and assurance and to support transformational change.					
The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.					

Information and Communication	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.</p> <p>Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. inability to provide service.</p>	Wendy Jack		<p>34 Significant - Certain</p>		<p>32 Significant - Likely</p>
<b>Mitigating Action</b>					
Continued commitment to information management by the Chief Officer and Heads of Service; Integrated Operational Managers and their direct reports must demonstrate adherence to both NHS and Council policies for ICT and data management and procedures; regular learning session on breaches if they occur by individual service areas.					
Confirmation of the appointment of Data Protection Officer for the HSCP Board to support governance arrangements.					
Continued training available for staff groups from both NHS and Council to reflect changes in Data Protection Legislation in May 2018; staff must demonstrate their attendance at Data Protection awareness sessions. Staff are supported to safeguard the data and information which is collected and stored in the course of delivering services and support; there are continued reminders of the need safeguard and manage information.					
Continued training available for staff groups from both NHS and Council with online courses available which staff must demonstrate they have completed via the Council's eLearn or NHS Learn-Pro courses. Staff within the HSCP will complete the course of their employing authority on either an annual (Council) or bi-annually (NHS) basis.					



processes are acted upon timeously and appropriately, including forthcoming inspection of adult support and protection (April 2020 – March 2021: date to be confirmed).
Chief Social Work Officer oversees compliance with the PVG scheme.
Operational teams regularly review their training and development needs, Business Continuity plans and operational risk registers.
Forthcoming reviews of children & families and criminal justice social work services reflects actions to reduce risk, improve performance, compliance and uphold professional practice standards.
Ensure staff are aware that whistleblowing policies and procedures are in place to ensure concerns can be raised and investigated.

Outcomes of external scrutiny: inspection recommendations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.	Jonathan Hinds		32 Significant - Likely  <b>Warning</b>		22 Moderate - Likely  <b>OK</b>
<b>Mitigating Action</b>					
Improvement action plans for Self Directed Support and Community Payback Orders are being implemented, reflecting findings and recommendations from inspections including specific actions linked to improvement.					
Review groups for SDS and CPO improvement activity monitor achievement of objectives and service improvements.					
Regular performance and monitoring reports are presented to the HSCP Board/Audit and Performance Committee /HSCP Clinical and Care Governance Group as appropriate to support governance and continued scrutiny.					
Staff development and training reflects learning from each inspection report to ensure consistent understanding of duties around delivery of SDS and CPOs.					

Delayed Discharge and Unscheduled Care	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care.</p> <p>Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care.</p>	Jo Gibson		<p>43 Critical - Very Likely</p> <p><b>Alert</b></p>		<p>32 Significant - Likely</p> <p><b>Warning</b></p>
<b>Mitigating Action</b>					
A Management Action Plan has been developed to review activity and manage specific actions linked to improvement of planning for delayed discharge.					
A monthly performance report is provided to the Integrated Operations Managers; this includes updates on the early assessment model of care and support; effective use of the NHS acute Dashboard; delivery of rehabilitation in-reach within ward settings; provision and usage of Red bags; promotion of Power of Attorney arrangements; commissioning of services linked to free personal care for those under 65 years old and Adult with Incapacity requirements and; delivery of an integrated approach to mental health services.					
A local Flu Management Plan is being developed and will be implemented; this reflects the HSCP unscheduled care plan for community services which addresses the 12 critical areas outlined in the national Preparing for Winter Guidance.					
A Primary Care Improvement Plan has been developed to review activity and manage specific actions linked to improvement of planning for GP contracting arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
An Improvement Plan to deliver actions linked to Action 15 mental health monies has been developed to review activity and manage specific actions linked to improvement of planning for localised mental health arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
Formal and regular formal scrutiny by SMT and reported to joint NHS and HSCP scrutiny and planning groups linked to UC and winter planning.					
Contribute to arrangements to raise awareness among the public on appropriate use of hospital services, and alternatives available.					
Use electronic dashboards to understand and respond to future demand					

Workforce Sustainability	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .	Serena Barnatt		34 Significant - Certain		33 Significant - Very Likely
			<b>Alert</b>		<b>Warning</b>
<b>Mitigating Action</b>					
<b>Preventative Controls</b>					
Continued commitment to the implementation of HSCP Workforce and Organisational Development Strategy and Support Plan.					
Robust Operational Management Structures in place and Business Continuity Plans to support service delivery.					
HR policies which reflect best practice and relevant employment legislation to support manager and staff development needs.					
Attendance Management Policies and Staff Health and Well Being Strategies in place. Initiatives accessible to all staff such as Healthy Working Lives, Occupational Health Services and Counselling Services.					
Staff Engagement and feedback through I Matter Survey and action planning.					
Agreed processes for revalidation of medical and nursing workforce and Professional Registration .Policies and procedures in place to ensure staff are meeting professional bodies and organisational requirements for registration.					
<b>Direct Controls</b>					
Sickness absence reporting available to service managers through HR21, Micro strategy, SSTS and Workforce Information Departments.					
Agency / Overtime reports					
Health and Wellbeing Post approved for one year following report submitted to HSCP Audit and Performance committee.					
HR reports provided to SMT and Joint Staff Forum on HR metrics					
Workforce reporting integrated into HSCP Performance report to IJB					
Statutory and Mandatory Training reports					
I Matter reports					
KSF/ PDP and Be the Best Conversations					

Waiting Times	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to meet waiting times targets e.g. MSK Physiotherapy, Psychological Therapies, Child and Adolescent Mental Health Services and Drug and Alcohol Treatment.	Beth Culshaw	 Likelihood Impact	34 Significant - Certain	 Likelihood Impact	33 Significant - Very Likely
			Alert		Warning
<b>Mitigating Action</b>					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; to review activity and manage specific actions linked to improvement of planning for localised arrangements.					
Promotion of self management and co-productive community services including access to online supports and advice and preventative					
Implementation of effective triage processes in place for patients across all areas.					
Regular performance data collection and monitoring is scrutinised to ensure effective and robust performance management and demand management.					
Consistent workforce and attendance management across all service areas.					

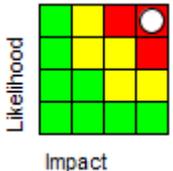
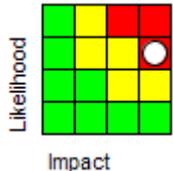
Brexit	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Risks across services from BREXIT include difficulty in resourcing some medications, medical devices (instruments and equipment in Hospital) and clinical consumables including disposable and short life goods. There will be an impact on patients and service users and on recruitment to and retention of non-UK EU nationals given that EU citizens require to apply for settled status before 30 June 2021. Prescribing costs and procurement impact.	Beth Culshaw	 Likelihood Impact	44 Critical - Certain	 Likelihood Impact	33 Significant - Very Likely
			Alert		Warning
<b>Mitigating Action</b>					
Establish register of staff that may be at risk, raise issue with Workforce Planning colleagues, core briefs for staff					
Continue to monitor Brexit status and implement advice and guidance from the Scottish Government to HSCP areas. Reflected in the HSCP EU Exit Action Plan presented to the November 2019 HSCP Board and considered alongside the Council and Health Board plans.					

# West Dunbartonshire HSCP Strategic Risk Register

Go to guide on how to complete a risk in Pentana

Field	Description
<b>Risk Score - Impact</b>	<p><b>Choose one of the following. Each option will provide an overall risk score. Please review the examples before selecting an option.</b></p> <p>Impact Category</p> <ol style="list-style-type: none"> <li>1. <b>Minor</b> (small negative or positive impact on HSCP, the reputational, operational, technological, is very small but the risk is worth recording).</li> <li>2. <b>Moderate</b> (the risk will have a moderate impact on HSCP. There will be an impact on HSCP reputation and / or the service operations and / or the technological risk).</li> <li>3. <b>Significant</b> (the risk will have a significant impact on HSCP. There will be an impact on HSCP reputation and / or the service operations and / or the technological risk). Risk mitigation is required, and requires the senior management board to be aware of this risk and decide collectively what is required to reduce the possibility of this occurring.</li> <li>4. <b>Critical</b> (the risk will have a severe impact on HSCP. There will be an impact on HSCP reputation and / or the service operations and / or the technological risk. Risk mitigation is required, and requires the senior management board to be aware of this risk and decide collectively what is required to reduce the possibility of this occurring. This risk need to be monitored on a weekly basis to ensure the mitigation is working or that the risk has not occurred).</li> </ol>
<b>Risk Score - Likelihood</b>	<p>Likelihood Category</p> <ol style="list-style-type: none"> <li>1. <b>Unlikely</b> – this risk is unlikely to occur, but the risk is recorded to ensure the HSCP senior management team are aware.</li> <li>2. <b>Likely</b> – this risk is likely to occur and the HSCP senior management team need to decide if they wish to mitigate or monitor.</li> <li>3. <b>Very Likely</b> – high probability that this risk will occur and the HSCP senior management team need to put mitigation in place to reduce the likelihood.</li> <li>4. <b>Certain</b> – the likelihood of this becoming a issue has a very high probability. A mitigation plan is required and the risk should be getting monitored weekly.</li> </ol>
<b>What is a risk?</b>	A risk is a number of events which can occur which will impact HSCP in someway. A risk can be a positive or negative impact on an organisation
<b>Risk Description</b>	<p>Describe the risk – review the following points when writing your risk</p> <ul style="list-style-type: none"> <li>• Comprehension – make sure the words are in plain English and correct grammar is used</li> <li>• Do not use technical / health jargon</li> <li>• Do not use acronyms</li> <li>• Always have in the back of your mid “so what”? Why should the reader care about what you have written?</li> <li>• Assume the reader has no background knowledge (lay person)</li> <li>• Write in third person</li> <li>• Use positive communication</li> </ul>
<b>Impact</b>	If this risk materialises there is an impact that HSCP will XXXXXXXXXXXX

<b>Approach to risk</b>	<p><b>Terminate</b> (close the risk)</p> <p><b>Tolerate</b> (accept the risk and have to mitigation in place)</p> <p><b>Transfer</b> (transfer the risk to another department if outside HSCP control or another risk owner within HSCP) Can only be transferred if the risk processes between departments are joined up.</p> <p><b>Treat</b> – mitigate the risk and reduce the overall scoring.</p>
<b>Management of risk</b>	<p><b>Over controlled</b> – risk is very well managed, and may be over shared with departments</p> <p><b>Controlled</b> – plan is in place and is being managed well</p> <p><b>Control Pending</b> – plan is being worked on and / or about to be implemented</p> <p><b>Uncontrolled</b> – there is no mitigation plan and /or the risk has not been reviewed / management team are not aware of the risk</p>
<b>Cost</b>	<p>What is the impact in cost if this risk was to materialise?</p> <p>£XXX</p>
<b>Potential of effect –</b>	<p>what area will be affected, what organisation, i.e. HSCP and / or West Dunbartonshire council / public</p>
<b>Risk Factors</b>	<ul style="list-style-type: none"> <li>• Scale of the risk</li> <li>• Volume of people / organisations affected by the risk</li> <li>• How long will the risk last for?</li> <li>• Familiarity of the risk – is the risk widely known to a lot of people, or is in within held in a particular function?</li> </ul>
<b>Assessment schedule</b>	<p><b>How often should this risk be monitored for?</b></p>

TITLE Financial Sustainability/Constraints/Resource Allocation FY21	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p><b>Risk Description (write the description)</b></p> <p>There is a risk that HSCP priorities will not be delivered within the allocated budget.</p> <p>This is because HSCP has failed to operate within financial parameters in context of continuing and new demand.</p> <p><b>Impact (write the impact)</b></p> <p>If this risk materialises there is an impact that HSCP will not be able to (safely) deliver service, decrease in quality or reduction of service; failure to adhere to registration requirements; and creates an, impact on staff resilience.</p> <p>If HSCP exceeds the budget then HSCP has deviated from the financial plan as per integration scheme require to have an agreed recovery plan in place, consider the use of reserves and possibility additional funding from 3<sup>rd</sup> party organisations.</p> <p><b>Approach to risk (choose an option)</b></p> <p><b>Terminate</b> (close the risk)  <b>Tolerate</b> (accept the risk and have no mitigation in place)  <b>Transfer</b> (transfer the risk to another department if outside HSCP control or another risk owner within HSCP) Can only be transferred if the risk processes between departments are joined up.  <b>Treat – mitigate the risk and reduce the overall scoring.</b></p> <p><b>Management (choose an option)</b>  <b>Over controlled</b> – risk is very well managed, and may be over shared with departments  <b>Controlled – plan is in place and is being managed well</b>  <b>Control Pending</b> – plan is being worked on and / or about to be implemented  <b>Uncontrolled</b> – there is no mitigation plan and /or the risk has not been reviewed / management team are not aware of the risk</p> <p><b>Cost –</b> What is the impact in cost if this risk was to materialise?  Budget is £162M, reserves policy states HSCP aim is to hold 2% of controllable budget in reserve which is around £2.6M.</p>	<p>Beth Culshaw; Julie Slavin</p>		<p>44 Critical - Certain</p> <p><b>Alert</b></p>		<p>43 Critical - Very Likely</p> <p><b>Alert</b></p>

<p><b>Potential of effect</b> – what area will be affected, what organisation, i.e. HSCP and / or West Dunbartonshire council / public. Answer question</p> <ul style="list-style-type: none"> <li>• Health board</li> <li>• West Dunbartonshire council</li> <li>• General public</li> <li>• Employees of west Dunbartonshire</li> </ul> <p><b>Risk Factors (Answer the following questions)</b></p> <p>Scale of the risk – considerable</p> <ul style="list-style-type: none"> <li>• Volume of people / organisations affected by the risk - Health board</li> <li>• West Dunbartonshire council</li> <li>• General public</li> <li>• Employees of west Dunbartonshire</li> </ul> <p>How long will the risk last for? – medium term - potential of up to three years</p> <p>Familiarity of the risk – is the risk widely known to a lot of people, or is it within held in a particular function? – widely known across council.</p> <p>Responsibility of budget managers needs to be reported into the chief officer and chief executive</p> <p><b>Assessment schedule</b> (How often should this risk be monitored for?) Answer question</p> <p>SMT – monthly HSCP board audit committee – 6 months / twice yearly</p>					
<b>Mitigating Actions (update with dates when action was completed or date when it will be completed)</b>					
A process of managing and reviewing budget by the Senior Management Team is in place; including application of earmarked reserves, analysis of monthly monitoring reports, securing recurring efficiencies, vacancy management, turnover targets and overtime restrictions. – Completed reported to each HSCP board – April 2018.					
A recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT, all budget managers/commissioners of service working with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value. November 2019 - completed					
Continuation of work with corporate colleagues within WDC and NHSGGC on organisational savings programme and ensure that, where appropriate, the budget managers implement initiatives e.g. FIP (Financial Improvement Programme). – March 2021 will be completed					
To engage with forums/groups to identify proposals for eligibility criteria, financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets. – not started – will be part of the strategic planning – March 2021					
As required by the Ministerial Steering Group, continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of budget allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings – 31 <sup>st</sup> March 2020 – in progress					

The delivery of a medium to long term budget strategy for the HSCP by end of March 2021 and refreshed on an annual basis to reflect new budget settlements – March 2021 – in progress
Continued commitment to regular reporting to Health and Social Care Partnership Board and HSCP Audit and Performance Committee as set out in the Financial Regulations, Terms of Reference and the Integration Scheme. – completed – August 2019
With regards to Set Aside Resources , agree a financial framework which reflects actual activity and associated budgets including a due diligence exercise, required as part of the overall process of agreeing set aside budgets, which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date. Develop a Commissioning Plan which will more clearly align finance and planning workstreams across all areas including unscheduled hospital bed usage. Will be delivered in partnership with NHS GG&C and the five Glasgow partnerships – in progress - March 2021