Strategic Objectives 2019-22

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

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

Risk Ref an Description Of Risk xRef to	Consequence	Likelihood	Impact	Risk Rating /Score	Mitigations/		
Strategic Objectives						_	

SSR05 Partnership Working - service delivery failure du May lead to duplication of effort, poor links to G,H to inadequate relationships and the inability to effectively

H to inadequate relationships with partners including the Council negotiate the LBPs position. The partnership may and Health Board and commissioned service be viewed as faling or not achieving objectives, providers including NHS GG&C and the third se leading to reputational damage and loss of confidence in LIB and partners. It could also result in a reductions of loss of services to the commu and failure to exploit opportunities for joint working, innovation and efficiencies.

4 -Likely

4 - Major

SSR06 Infrastructure and Assets Risk assets not being maintained / replaced or SSNUS Infrastructure and Assets Kisk assets not being maintained / replaced of links to E.J. Assets remain under the ownership of the Coundising otherwise appropriate to support the UB's and Health Board. Strategic outcomes and do not enable effbliks Risk that these do not meet the current and future requirements due to underinvestment in maintenance, equipment and ICT or that assets not being used or managed efficiently and effectively.

Integration Scheme recently reviewed outlining roles and 3 - Possible 3 - Moderate

responsibilities
Independent soutiny arrangements in place and work of internal audit, including assurance mapping.
Representation on LB from partners, community representatives and third sector representatives.
Clear channels of communication and information sharing

protocols in place Directions are issued to partners in line with strategic direction

and operational delivery of services.

Strategic Planning work with commissioned Service providers and new Commissioning Strategy

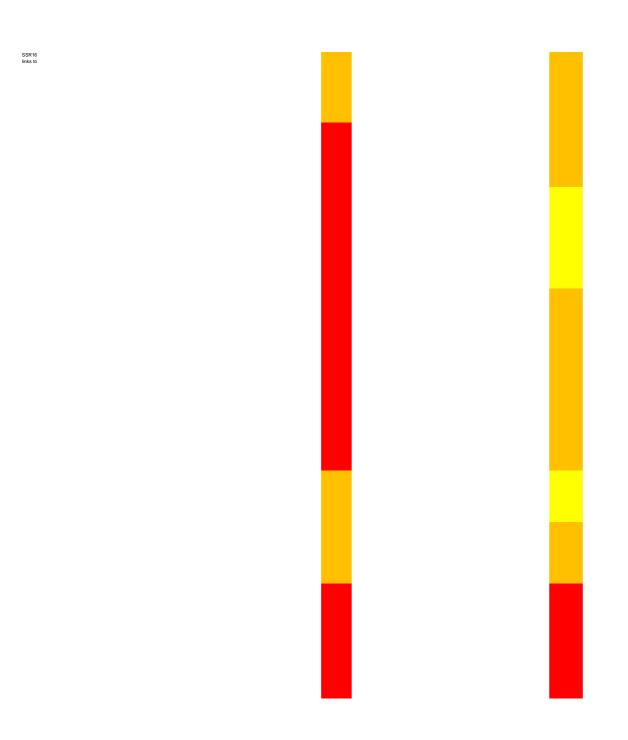
Third Sector representation on the LB & commitment to co-

oRegular engagement with key partners

Alignment of roles and responsibilities through the code. Chief Officer of corporate governance and induction training for nex members of the IJB OApproval of Commissioning Strategy following extens orspiroval or commissioning statety relocating exterior consultation with partners oShift from annual grant funding to longer term contra to facilitate longer term security / planning oResourcing and Commencement of Prevention and Production work and activities and integration of these within Transformation programme oReinvigoration of locality planning groups and engagement with the Local Area Group. engagement with the Local Area Group.

oRe-establishment of regular meetings with GGCHB
olimroved engagement mechanisms and establishmer
prevention and co-production workstreams

SSR10 Workforce Recruitment and Retention inability to links to recruit and retain the required workforce because B,C,E,H,I,J of local or national workforce shortages. This may



Risk Matrix



Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	/ clinical outcome directly related to care provision –	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome: long term effects — expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome: continued ongoing long term effects.
Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Locally resolved verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim. Complex justified complaint.

	disruption to patient	Ongoing low staffing level reduces service quality. due to ineffective training/ implementation of training.	Late delivery of key objective / service due to lack of staff. due to ineffective training/implementati on of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. due to ineffective training/implementati on of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. due to ineffective training/implementati on of training.
	personal financial loss (< £1k) (NB.	Minor organisational/per sonal financial loss (£1-10k).	Significant organisational /personal financial loss (£10-100k).	Major organisational/ personal financial loss (£100k - £1m).	Severe organisational/ personal financial loss (>£1m).
	Rumours, no media coverage. Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	effect on staff morale	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/ FAI.