

## Item 13

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**To:** Renfrewshire Integration Joint Board

**On:** 18 September 2015

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**Report by:** Chief Officer Designate

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**Heading:** Risk Management Policy & Strategy

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### **1. Summary**

- 1.1.** The Integration Scheme for the Integration Joint Board (IJB) stated that the risk management policy and strategy and the list of risks to be reported would be developed during the shadow period and an initial draft submitted for consideration and approval by the IJB within three months of the IJB's establishment.
  - 1.2.** This paper presents the Risk Management Policy and Strategy to the Integration Joint Board for approval, along with the initial list of high level risks for consideration and approval.
  - 1.3.** At this time, NHS GGC is going through an approval process for its revised Risk Management Strategy (due to be completed at the end of September 2015). The IJB's Risk Management Policy and Strategy may require to be revisited to take account of any material changes in the NHS GGC document. Nevertheless the approval of the IJB's Risk Management Policy and Strategy is sought now to ensure that the IJB complies with timescales outlined in the Integration Scheme.
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### **2. Recommendation**

- 2.1.** It is recommended that the Integration Joint Board approves the Risk Management Policy and Strategy attached in Appendix 1.
  - 2.2.** It is recommended that the Integration Joint Board agrees the initial high level risks identified with regards to the establishment and implementation of the Integration Joint Board (Appendix 2).
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### **3. Background**

- 3.1. As reported to the IJB in June 2015, a template or 'specimen' Risk Management Policy and Strategy had been developed in collaboration with Health and Local Authority colleagues across the NHS Board area that would be tailored to reflect circumstances in each Partnership.
- 3.2. The work to tailor the risk management arrangements for Renfrewshire was completed over the past two months and the resulting combined Risk Management Policy and Strategy is attached at Appendix 1.
- 3.3. The key messages from the policy are:
  - 3.3.1. Good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.
  - 3.3.2. The IJB should seek to promote an environment that is risk 'aware' and that strives to place risk management information at the heart of key decisions.
- 3.4. The key messages from the strategy and the arrangements are:
  - 3.4.1. Strategic risks will represent the potential for IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan.
  - 3.4.2. Operational risks will 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 Joint Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks 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.
  - 3.4.3. All risks will be analysed consistently with an evaluation of risk as being low, moderate, high or very high.
  - 3.4.4. Risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.
  - 3.4.5. Reporting of strategic risks and key operational risks to the IJB on a six monthly basis (beginning of financial year and a mid year update).
  - 3.4.6. Roles and responsibilities are clearly defined, in particular for the Board, the Chief Officer, the Chief Financial Officer and the Senior Leadership Group (section 5).
- 3.5. In relation to specific risks requiring to be managed, Appendix 2 provides information (extracted from the risk register) with regards to the initial list of key

risk areas for consideration and a description of the approach being taken to address these.

- 3.6. The list provided in Appendix 2 demonstrates a targeted focus on:
- 3.6.1. *programme management* with regards to delivering on legal requirements and commitments arising from the the Public Bodies (Joint Working) (Scotland) Act and supporting Regulations, the Integration Scheme, Scottish Government guidance and established governance arrangements for parent bodies.
  - 3.6.2. *organisational development* to enable informed decisions to be made by the Integration Joint Board.
  - 3.6.3. *readiness* for full implementation of all operational arrangements due to be in place for the delegation of all relevant functions by 1 April 2016.
- 3.7. Moving forward, and in keeping with the Risk Management Policy and Strategy, the Chief Officer will ensure the HSCP Senior Leadership Group will individually and jointly regularly review risk, ensuring that more detailed financial, workforce and operational risks are identified and as the Partnership becomes fully operational and mature, risk registers are dynamic, with risk information reported appropriately to relevant stakeholders.
- 3.8. The Senior Leadership Group will participate in a risk management workshop that is presently being arranged to facilitate the identification of the key risks going forward from April 2016.
- 3.9. It should be noted that a key feature of future risk management reports to the IJB will be the identification and reporting of risks that relate to the outcomes of the Strategic Plan, once the Plan is agreed and operational.

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## Implications of the Report

- 1. **Financial** - There are no financial implications arising from the submission of this paper. It is anticipated that costs associated with the management of individual risks will be met through service budgets. Where additional funding is required in the management of specific risks this should be considered by the Chief Financial Officer on a case by case basis.
- 2. **HR & Organisational Development** - There are no HR & OD implications arising from the submission of this paper
- 3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper
- 4. **Legal** - There approval of the Risk Management Policy and Strategy and initial list of risks is in line with the requirements of the Integration Scheme.
- 5. **Property/Assets** - There are no property/ asset implications arising from the submission of this paper.

6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
7. **Equality and Human Rights** -The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report
8. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.
9. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
10. **Risk** – none.
11. **Risk Implications** – As per the subject content of this paper

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**List of Background Papers – None.**

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Appendix 1

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Renfrewshire Integration Joint Board

Renfrewshire  
Health and Social Care Partnership

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**Risk Management Policy and Strategy**

Version No.	1.0		
Date Effective:	18/09/2015	Review Date:	00/00/0000



## **CONTENTS**

<b>Policy – the risk management approach .....</b>	<b>2</b>
<b>Strategy - Implementing the policy .....</b>	<b>3</b>
1. Introduction .....	3
2. Risk management process .....	3
3. Application of good risk management across the IJB activities .....	4
<b>Realising the risk management vision .....</b>	<b>5</b>
4. Risk management vision and measures of success .....	5
<b>Risk leadership and accountability .....</b>	<b>5</b>
5. Governance, roles and responsibilities.....	5
<b>Resourcing risk management .....</b>	<b>7</b>
6. Resourcing the risk management framework .....	7
7. Resourcing those responsible for managing specific risks .....	7
<b>Training, learning and development .....</b>	<b>7</b>
8. Risk management training and development opportunities.....	7
<b>Monitoring activity and performance .....</b>	<b>7</b>
9. Monitoring risk management activity .....	7
10. Monitoring risk management performance .....	8
<b>Communicating risk management.....</b>	<b>8</b>
11. Communicating, consulting on and reviewing the risk management framework .....	8
<b>Appendix 1: Risk Management Policy and Strategy .....</b>	
<b>Appendix 2: Initial List of Current Risk Areas being Addressed .....</b>	

Version No.	1.0		
Date Effective:	18/09/2015	Review Date:	00/00/0000



# Policy – the risk management approach

1.1 Renfrewshire Integration Joint Board is committed to a culture where its 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 Joint Board aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the Joint Board and others who interact with the services delivered under the direction of the Joint Board.

1.3 The Integration Joint Board believes 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 better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

1.4 The Joint Board purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the Joint Board can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

1.5 In normal circumstances the Joint Board's tolerance for risk is as follows:

- any low risk is acceptable without any further action to prevent or mitigate the risk;
- any moderate risk is tolerable - control measures implemented or introduced must be cost effective;
- any high risk may be tolerable - providing the Joint Board is assured regarding the adequacy and effectiveness of the control measures in place. Any further control measures implemented or introduced must be cost effective in relation to the high risk;
- any very high risk is deemed to be unacceptable and measures should be taken to terminate, transfer or treat a very high risk to a more tolerable position.

This can be seen clearly in the matrix to the right:

In exceptional circumstances a combination of factors may converge to produce a very high risk, for which the Joint board may have limited control (such as demographic change and financial pressures). Recognising this scenario, and taking on board the inherent level of risk experienced in some service areas, the Joint Board would expect that while it may have the capacity to deal with some very high risk, it would not wish to tolerate any more than two very high risks at any given time.

Likelihood	Consequent Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

1.6 The Joint Board promotes 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 Joint Board.

1.7 The Joint Board 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 the wider governance arrangements of the Joint Board.

## Key benefits of effective risk management:

- appropriate, defensible, timeous 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 incidents, claims and/ or litigation; and
- a positive reputation established for the Joint Board.

Version No.	1.0		
Date Effective:	18/09/2015	Review Date:	00/00/0000

1.8 The Joint Board, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

# 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 Integration Joint Board;
- establish communication and sharing of risk information through all areas of the Integration Joint Board;
- initiate measures to reduce the Integration Joint Board's 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 Integration Joint Board (IJB) 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.

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 Joint Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks 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.

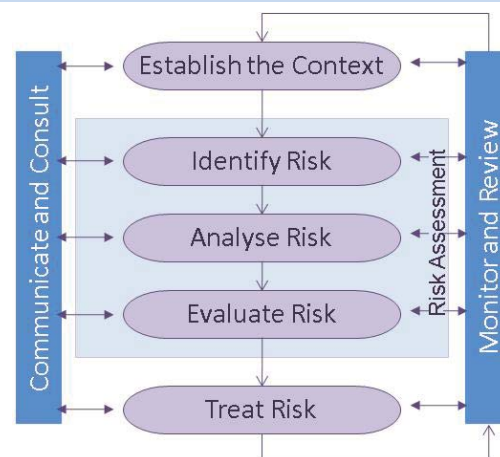
1.5 All risks will be analysed consistently with an evaluation of risk as being low, moderate, high or very high.

1.6 This document represents the risk management framework to be implemented across the Joint Board and will contribute to the Joint Board's 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 also proactively identifying and managing adverse effects<sup>1</sup>. 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.

2.2 The IJB embeds risk management practice by consistent application of the risk management process shown in the



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

Version No.	1.0		
Date Effective:	18/09/2015	Review Date:	00/00/0000

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 – 3.1.10) will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of good risk management.
- 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 Categorisation of risk under the headings below:
- Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes.
  - Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Customer Service, Employee Health, Safety & Well-being, Business Continuity/ Supply Chain, Information Security and Asset Management.
- 3.1.4 Appropriate ownership of risk. Specific risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.
- 3.1.5 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.
- 3.1.6 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 Joint Board in keeping with its appetite/ tolerance for risk. In the case of opportunities, the Joint Board may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the Joint Board is confident in its ability to achieve the benefits and manage/ contain the associated risk.
- 3.1.7 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.
- 3.1.8 Reporting of strategic risks and key operational risks to the IJB on a six monthly basis (beginning of financial year and a mid year update).
- 3.1.9 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the Senior Leadership Group.
- 3.1.10 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.

Version No.	1.0		
Date Effective:	18/09/2015	Review Date:	00/00/0000

## Realising the risk management vision

### 4. Risk management vision and measures of success

*Appropriate and effective risk management practice will be embraced throughout the Integration Joint Board as an enabler of success, whether delivering better outcomes for the people of Renfrewshire, protecting the health, safety and well-being of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.*

4.1 In working towards this risk management vision the Joint Board aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.

4.2 The measures of success for this vision will be:

- good financial outcomes for the Joint Board
- successful delivery of the strategic plan, objectives and targets
- successful outcomes from external scrutiny
- fewer unexpected/ unanticipated problems
- fewer incidents/ accidents/ complaints
- fewer claims/ less litigation

## Risk leadership and accountability

### 5. Governance, roles and responsibilities

#### 5.1 Integration Joint Board

Members of the Integration Joint Board are responsible for:

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

#### 5.2 Chief Officer

The Chief Officer has overall accountability for the IJB's 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 Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

#### 5.3 Chief Financial Officer

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

#### 5.4 Senior Leadership Group

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

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;

Version No.	1.0		
Date Effective:	18/09/2015	Review Date:	00/00/0000

- receipt and review of regular risk reports on strategic, shared and 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.

### 5.5 Individual Risk Owners

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

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- 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 are proportionate to the context and level of risk.

### 5.6 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.

### 5.7 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non clinical 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.

### 5.8 Senior Information Risk Owner

Responsibility for this specific role will remain with the individual partner bodies.

Version No.	1.0		
Date Effective:	18/09/2015	Review Date:	00/00/0000

## Resourcing risk management

### 6. Resourcing the risk management framework

- 6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Joint Board will be resourced through the Senior Leadership Group's arrangements (referred to in 5.4).
- 6.2 Wherever possible the IJB 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).

### 7. Resourcing those responsible for managing specific risks

- 7.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.
- 7.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

## Training, learning and development

### 8. Risk management training and development opportunities

- 8.1 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.
- 8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Leadership Group will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 5.4).

## Monitoring activity and performance

### 9. Monitoring risk management activity

- 9.1 The Joint Board operates 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.
- 9.2 Monitoring will include review of the IJB's risk profile at Senior Leadership Group level.
- 9.3 Monitoring of the risk profile will be undertaken on a quarterly basis.
- 9.4 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

Version No.	1.0		
Date Effective:	18/09/2015	Review Date:	00/00/0000

## 10. Monitoring risk management performance

- 10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 10.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.
- 10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
- 10.4 Reviewing the Joint Board's 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 Joint Board, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the Joint Board.

## Communicating risk management

### 11. Communicating, consulting on and reviewing the risk management framework

- 11.1 Effective communication of risk management information across the Joint Board is essential to developing a consistent and effective approach to risk management.
- 11.2 Copies of this policy and strategy will be widely circulated via the Senior Leadership Group and will form the basis of any risk management training arranged by the IJB.
- 11.3 The Policy and Strategy (version 1.0) was approved by the Integration Joint Board at its meeting of **18/09/2015**
- 11.4 This policy and strategy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Board's business environment.

Version No.	1.0		
Date Effective:	18/09/2015	Review Date:	00/00/0000



## Appendix 2: Initial List of Current Risk Areas being Addressed

### (Extract from Risk Register)

Risk Area and Risk Issue		How this is being addressed
<b>Programme Management</b>		
Delivering on legal requirements and commitments		
1.	Legal requirements and commitments as set out in the Integration Scheme	Programme of work is underway to ensure key legislative requirements set out in the Act and Integration Scheme, which must be in place by 1 April 2016.
2.	Financial governance and due diligence	<p>The joint budget for the Health and Social Partnership will be agreed and all governance arrangements implemented:</p> <ul style="list-style-type: none"> <li>• IJB Audit arrangements will be agreed</li> <li>• IJB will sign off financial governance arrangements as per the national guidance</li> <li>• IJB report on due diligence on delegated baseline budgets moving into 2016/17</li> <li>• Draft proposal for the 2016/17 Integrated Budget based on the Strategic Plan approved by IJB</li> <li>• Draft proposal for the Integrated Budget based on the Strategic Plan presented to the Council and the Health Board for consideration as part of their respective annual budget setting process</li> <li>• Parent organisations will confirm final IJB budget</li> <li>• Financial statement will be published with Strategic Plan</li> <li>• Resources for delegated functions will transfer to IJB</li> <li>• Audit Committee will be established</li> </ul>
3.	Clinical and care governance	<p>The Parties and the IJB are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act.</p> <p>The IJB will develop, agree and implement robust quality, care and professional arrangements.</p>
4.	Performance management	<p>A list of targets and measures in relation to delegated and non delegated functions has been prepared.</p> <p>Partners have develop proposals on targets and measures for 2015/16 'interim' performance framework to be submitted to an early meeting of the IJB</p> <p>IJB will agree its reporting arrangements and supporting plan to develop 2016/17 performance framework with partners</p> <p>IJB agree 2016/17 performance framework, taking account of localities, reporting arrangements and plans to publish the annual performance report.</p>
5.	Decisions around the Strategic Plan to ensure it is fit for purpose and deliverable (localities, finance and performance)	The IJB will develop the Plan in consultation with the Strategic Planning Group and other prescribed stakeholders.

Risk Area and Risk Issue		How this is being addressed
<b>Readiness</b>		
Partnership and IJB's readiness to deliver all delegated services by 1 April 2016 in line with its Strategic Plan		
6.	IJB decision making and protecting the reputation of the Health and Social Care Partnership	Development of Organisational Development plans for our Senior Leadership Group, Integration Joint Board, Strategic Planning Group and workforce
7.	Partnership and Partner Organisation readiness to run with new, fit for purpose operational arrangements from 1 April 2016	<p>Programme of work is underway to ensure all the necessary processes, policies and plans are in place as required to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working)(Scotland) Act 2014 by 1 April 2016</p> <p>Development of a participation and engagement strategy to enable users, patients, carers and partners to shape the new organisation.</p>
8.	Continuity in the transition of Council functions which currently sit outwith Adult Social Work Services e.g. Addictions, Domestic Abuse and Housing Adaptations	The most appropriate and pragmatic approaches to delegate each of these functions and supporting mechanisms/structures are currently being developed for consideration by the Chief Officer to ensure the key links both within the Council and across partner agencies are maintained and developed,