

## Strategic Objectives 2019-22

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



SSR06

links to E.J

**Infrastructure and Assets -**

Assets remain under the ownership of the Council and Health Board, there is a risk that these do not meet the current and future requirements due to underinvestment in property maintenance, equipment and ICT or that these are not being used or managed efficiently and effectively. The LIB does not have full control/feasibility over the assets it uses to deliver services.

May result in assets not being maintained / replaced or being otherwise appropriate to support the LIB's strategic outcomes and do not enable efficient, safe and effective service delivery.

Accommodation provided for residential and short episodes of care result in poorer outcomes. Properties will fail to meet standards required by regulators and fail to deliver on carbon reduction commitments. Equipment will become unreliable with additional downtime and ICT infrastructure will not support Digital Transformation ambitions.

4 - Likely

4 - Major

**HIGH 16**

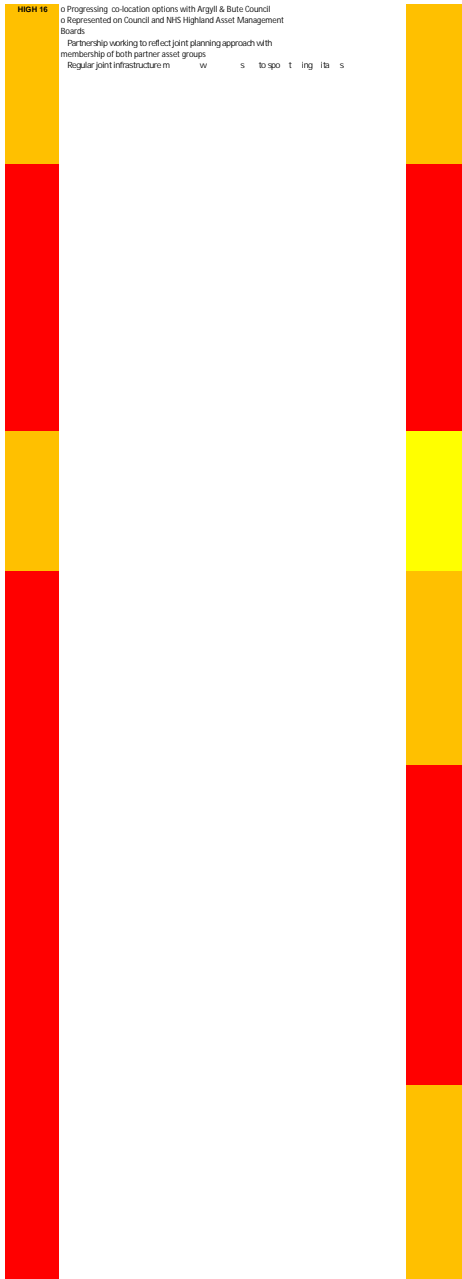
o Progressing co-location options with Argyll & Bute Council

o Represented on Council and NHS Highland Asset Management Boards

Partnership working to reflect joint planning approach with membership of both partner asset groups

Regular joint infrastructure m

w s to spo t ing lta s



|                                |  |  |            |             |                     |  |            |           |                |   |               |
|--------------------------------|--|--|------------|-------------|---------------------|--|------------|-----------|----------------|---|---------------|
| SSR12<br>links to<br>B,E,F,J,K | <b>Workforce Shift</b> - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration. | This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care. Full integration will not be achieved and teams will be disengaged. Ultimately impacting on the service provided to communities. | 4 - Likely | 4 - Major   | <b>HIGH 16</b>      | <p>Joint Partnership Forum and Staff side Liaison facilitate communications and information flow between management to staff side and Trade Unions.</p> <p>Communications plan for each service change project, including staff as stakeholders</p> <p>Support from staff side partnership to support staff with new ways of working with an integrated partnership approach.</p> <p>Compliance with terms and conditions of employment for both staff groups</p> <p>Individual staff development plans and training programmes</p> <p>Workforce Planning</p> <p>Staff surveys used to inform targeted improvement work with individual teams</p> <ul style="list-style-type: none"> <li>Action plan in response to Sturrock and 6 local culture workstreams set up and progressing</li> </ul> <p>Strengthened communication and cascade of information from Chief Officer</p> | 4 - Likely | 4 - Major | <b>HIGH 16</b> | <ul style="list-style-type: none"> <li>Clarity over role and function of teams working in our communities. OD support will be offered to Area Managers to support teams.</li> <li>ongoing work of the culture and staff wellbeing workstreams</li> <li>development of workforce strategic plan</li> <li>increased focus required on progressing with redeployments of staff who are supernumerary</li> <li>development of plans and engagement with staff in respect of how to invest wellbeing funds in improving staff wellbeing</li> </ul> | Chief Officer |
| SSR13<br>links to<br>A,B,H,I   | <b>Safety of Services</b> - inability to maintain the safety of services due to demographic changes, increasing need and complexity and the ability to recruit staff, both for direct employment and for delivery partners   | This may result in harm to service users or patients, the failure to provide appropriate care and reputational damage to the IJB and partners.   | 4 - Likely | 5 - Extreme | <b>VERY HIGH 20</b> | <p>Clinical and Care Governance Committee and professional leadership</p> <p>Risk Management Strategy recently updated and operational risk management arrangements</p> <p>Ongoing recruitment, retention and training of staff</p> <p>Triggers for service re-designs including ensuring clinical safety is not compromised</p> <p>Prioritisation of need frameworks in place to determine need for access to services</p> <p>Develop and implement contingency arrangements for localities and services</p>  | 4 - Likely | 4 - Major | <b>HIGH 16</b> | <ul style="list-style-type: none"> <li>Increased focus on training and development of staff and improved flexibility</li> <li>Increased engagement with commissioned service providers</li> </ul>   |               |

SSR20

**Statutory/Mandatory Training** - risk that Adverse effect on quality and safety of care patient / service user harm could result directly from, or be attributed to, a failure to comply with statutory and mandatory training requirements. This could result in harm to an individual or group of service users, members of staff and could result in financial claims and reputational damage.



## Risk Matrix

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

Table 1 Assessment of likelihood

| Score | Description    |
|-------|----------------|
| 1     | Rare           |
| 2     | Unlikely       |
| 3     | Possible       |
| 4     | Likely         |
| 5     | Almost Certain |

Table 2 Assessment of Impact

| Descriptor Score  | Insignificant 1   | Minor 2   | Moderate 3   | Major 4   | Extreme 5  |
|---|---|---|--|---|--|
| <b>Patient Experience</b>                               | Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care. | Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable. | Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk. | Unsatisfactory patient experience / clinical outcome: long term effects – expect recovery >1wk. | Unsatisfactory patient experience / clinical outcome: continued ongoing long term effects. |
| <b>Injury (physical and psychological) to patient /</b> |   |   |  |   |  |

**Staffing and  
Competence**

Short term low staffing level temporarily reduces service quality (< than 1 day). Short term low staffing level (> 1 day), where there is no disruption to patient care.

Ongoing low staffing level