Glasgow City Integration Joint Board Risk Management Policy and Strategy 2026 - 2029

Setting out the IJB's approach to identifying, assessing, managing, monitoring and assuring strategic risk.

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Version History

Version	Date	Lead officer	Summary of changes
1.0	08/02/2016	SB	Initial IJB Risk Policy & Strategy approved by IJB.
2.0	24/01/2018	SB	Full review and major update by short life working group approved by IJB.
2.1	05/09/2018	SB	Minor corrections made by Officers approved by IJB FASC.
2.2	19/02/2020	SB	Minor updates following desktop review by Officers approved by IJB FASC.
3.0	23/09/2026	SB	Review and major update by short life working group. Approved by the Integration Joint Board.

Consultation and Approval Route

Stage	Group / body	Date	Purpose
Development	Risk Review Short Life Working Group	24/11/2025 to 26/08/2026	Review and development of revised framework.
Review	IJB Development Session	02/09/2026	Member & Officer review and endorsement.
Scrutiny	Finance, Audit and Scrutiny Committee	09/09/2026	Scrutiny and recommendation to the IJB.
Approval	Integration Joint Board	23/09/2026	Formal approval.

1. Risk Management Policy

1.1 Policy Statement

The Glasgow City Integration Joint Board is committed to promoting a culture in which the Glasgow City Health and Social Care Partnership and its workforce are encouraged to develop new initiatives, improve performance and achieve objectives safely, effectively and efficiently through the appropriate application of good risk management practice.

The IJB aims to ensure safe and effective care and treatment for patients and service users, and a safe environment for everyone working within the HSCP and others who interact with the services delivered under the direction of the IJB.

The IJB 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, achievement of objectives, and delivery of targets.

The IJB purposefully seeks to promote an environment that is risk aware and strives to place risk management information at the heart of key decisions.

The IJB adopts a principles-led, evidence-based, and proportionate approach to risk management, aligned to the HM Treasury's *Orange Book: Management of Risk – Principles and Concepts* and ISO 31000 (Risk Management), and designed to support delivery of its statutory responsibilities under the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Scheme between Glasgow City Council and NHS Greater Glasgow and Clyde, and the Glasgow City IJB Strategic Plan.

1.2 Purpose

The purpose of this Policy is to:

- Promote awareness of risk and define responsibility for managing risk within the IJB and HSCP;
- Establish communication and sharing of risk information through all areas of the IJB and HSCP;
- Support proportionate action to manage risk exposure, reduce the potential for loss or harm and enable informed risk-taking where this supports achievement of the IJB's objectives;

- Establish standards and principles for efficient management of risk, including regular monitoring, reporting and review.

The IJB recognises the benefits of effective risk management such as:

- Appropriate, defensible, timely and best value decisions are made;
- Better use and prioritisation of resources;
- High achievement of objectives and targets.

1.3 Scope

This Policy and the accompanying Risk Management Strategy apply to the management of risks that may affect the delivery of the IJB's Strategic Plan, delegated functions, statutory responsibilities and strategic objectives.

The Policy applies, in a manner proportionate to the IJB's statutory and strategic responsibilities, to:

- the Integration Joint Board and all of its committees;
- the Chief Officer, Depute Chief Officer (Finance & Resources) and Senior Management Team;
- all staff working under the direction of the IJB, including those employed by partner bodies;
- the strategic oversight and assurance arrangements relating to services delivered in support of delegated functions, including services delivered by partner bodies and commissioned providers.

The IJB's risk management framework is primarily concerned with the identification, assessment and strategic oversight of risks that may affect delivery of delegated functions, achievement of Strategic Plan objectives and fulfilment of its statutory responsibilities. Operational risks arising within delegated services remain subject to the risk management arrangements of the relevant partner body. The IJB requires appropriate assurance that significant risks affecting delivery of delegated functions are identified, managed and escalated where necessary.

1.4 Risk Appetite

The IJB recognises that the achievement of its strategic objectives, delivery of transformational change and improvement of outcomes for service users and communities requires informed decision-making and an appropriate degree of risk-taking. The IJB does not seek to eliminate all risk. Instead, it seeks to understand,

evaluate and manage risk in a manner that supports the delivery of its statutory responsibilities, Strategic Plan and delegated functions.

Risk appetite describes the amount and type of risk that the IJB is willing to accept in pursuit of its objectives. The IJB will establish and periodically review its risk appetite across its strategic risk categories to support effective decision-making, resource allocation and governance oversight.

The IJB recognises that risk appetite may vary between risk categories and may change over time in response to strategic priorities, available resources, legislative requirements and the wider operating environment.

Risk appetite will be used to support risk assessment, monitoring, reporting and decision-making across the IJB's risk management framework. Risks recorded on the IJB Strategic Risk Register will be considered in the context of the IJB's agreed appetite to support effective governance, oversight and assurance.

1.5 Governance & Responsibilities

Integration Joint Board

The IJB is responsible for:

- Setting risk management expectations and risk appetite;
- Oversight of the IJB's risk management arrangements;
- Ensuring risks are considered in all decisions;
- Approving this Policy and the accompanying Strategy.

Finance, Audit and Scrutiny Committee (FASC)

The IJB Finance, Audit and Scrutiny Committee is responsible for:

- Scrutinising the effectiveness of risk and internal control arrangements on behalf of the IJB;
- Reviewing risks recorded on the IJB Strategic Risk Register on behalf of the IJB;
- Overseeing, reviewing and scrutinising assurance mapping.

Chief Officer

The Chief Officer is responsible for:

- Accountability for the IJB's overall risk management framework;
- Ensuring the framework is implemented and effective;

- Ensuring escalation of significant risks to partner bodies in line with the respective risk frameworks.

Depute Chief Officer (Finance & Resources)

The Depute Chief Officer (Finance & Resources) is responsible for:

- Leading financial and business risk management arrangements;
- Overseeing insurance, financial resilience and governance.

Senior Management Team (SMT)

The Senior Management Team is responsible for:

- Providing leadership on risk management within services;
- Implementation of the framework across the Partnership;
- Ensuring appropriate resourcing and staff competence.

Risk Owners

Risk Owners are responsible for:

- Being accountable for the effective management and oversight of assigned risks;
- Ensuring risks are appropriately defined, assessed, monitored and reviewed in accordance with the applicable IJB or partner-body risk management framework;
- Reviewing the effectiveness of controls and mitigating actions;
- Ensuring appropriate action is taken to manage risk exposure; and
- Providing assurance regarding the management of assigned risks.

Responsible Officers

Responsible Officers are responsible for:

- Supporting the Risk Owner in the day-to-day management, monitoring and updating of an assigned risk;
- Coordinating implementation and reporting of agreed controls and mitigating actions;
- Maintaining accurate and up-to-date risk information and records; and
- Bringing significant changes in risk exposure, control effectiveness or assurance to the attention of the Risk Owner.

All Staff

All staff working under the direction of the IJB are responsible for:

- Identifying and reporting risks, incidents, near-misses;
- Following agreed processes and safe systems of work.

Partner Bodies (NHS & GCC)

- Providing specialist support (e.g. clinical governance, health & safety, information governance);
- Managing operational risks at service level in accordance with the applicable partner-body risk management framework and providing appropriate assurance to the IJB regarding significant risks affecting delegated functions.

Internal Audit and Independent Assurance

- Providing independent assurance on the effectiveness of governance, risk management and internal controls.

1.6 Review Cycle

This Policy and Strategy will be reviewed every three years, or earlier where required by changes in legislation, governance standards, organisational arrangements or recognised good practice.

2. Risk Management Strategy

2.1 Purpose of the Strategy

The Strategy sets out how the Policy will be implemented across the IJB strategic planning, governance, decision-making and oversight of delegated functions, including:

- processes for identifying, assessing, treating and monitoring risk;
- how risks are recorded, escalated and reviewed;
- roles within the Three Lines Model; and
- assurance, reporting and performance expectations.

The appendices form part of the Strategy and provide the supporting guidance, criteria and templates required to apply the risk management framework consistently. These comprise:

- **Appendix A:** Risk Categories and example risks;
- **Appendix B:** Assurance Map template;
- **Appendix C:** IJB Strategic Risk Register template;
- **Appendix D:** Risk Assessment Guidance, including the risk matrix and probability and impact criteria;
- **Appendix E:** Risk Appetite Levels and the IJB Risk Appetite Matrix; and
- **Appendix F:** Glossary of Terms.

2.2 Principles

Implementation of the Strategy will be guided by the Orange Book's five risk management principles:

1. **Governance and Leadership:** risk management is integral to effective governance, leadership and organisational culture;
2. **Integration:** risk management is integrated into strategic planning, decision-making, performance management and organisational activities;
3. **Collaboration and Best Information:** risk management is collaborative and informed by the best available information, evidence and expertise;
4. **Risk Management Processes:** risks are identified, assessed, treated, monitored and reported through structured and systematic processes; and

5. **Continual Improvement:** risk management arrangements are reviewed and continually improved through learning, experience and assurance.

2.3 The Risk Management Framework

The IJB adopts an integrated risk management framework to support effective governance, decision-making, assurance and delivery of its Strategic Plan, delegated functions and statutory responsibilities. The framework brings together governance arrangements, risk appetite, risk management processes, risk registers, assurance activities, training and continual improvement activities into a coherent and systematic approach to managing uncertainty.

The framework incorporates:

- **Governance and leadership** arrangements that establish accountability, oversight and direction for risk management;
- **Risk appetite** to support informed decision-making and define the level of risk the IJB is willing to accept in pursuit of its objectives;
- **Risk identification, assessment and treatment processes** to support the consistent management of strategic risks;
- **Monitoring and reporting arrangements**, including the Strategic Risk Register and relevant partner-body operational risk arrangements;
- **Assurance activities**, informed by the Three Lines Model, to support confidence in the effectiveness of governance, risk management and internal control arrangements;
- **Training and capacity building** to support the development of risk management knowledge, skills and capability; and
- **Continual improvement activities** to ensure the framework remains proportionate, effective and aligned with evolving strategic, operational and regulatory requirements.

The relationship between these components is illustrated in Figure 1. Together, they provide the structure through which the IJB identifies, assesses, manages, monitors and reports strategic risks and obtains assurance regarding the achievement of its objectives.



Figure 1: The IJB Risk Management Framework

2.4 Types of Risk

The IJB uses a risk taxonomy aligned to good practice and designed to support strategic oversight of risks affecting delegated functions and delivery of the Strategic Plan. The taxonomy has been developed to align, where reasonably practicable, with the risk categorisation approaches used by the partner bodies to support effective escalation, assurance and integrated oversight across the health and social care system.



Figure 2: IJB Strategic Risk Taxonomy

Risk category	Description
Strategy, Planning and Transformation	Risks that threaten delivery of agreed strategies, priorities and transformation programmes, including failure to plan effectively for future need or system change.
Governance, Legal and Compliance	Risks relating to legal duties, regulatory compliance, ethical standards and the effectiveness of governance and assurance arrangements.
Quality, Safety and Population Outcomes	Risks that could adversely affect care quality, safety, experience or outcomes for service users and communities, including the widening of health inequalities.
Service Delivery, Capacity and Continuity	Risks affecting the reliability and continuity of service delivery, including operational disruption, insufficient capacity or sustained service failure.
Workforce and Leadership	Risks linked to workforce availability, skills, leadership capacity, wellbeing and staff engagement across health and social care services.

Finance and Resource Sustainability	Risks affecting financial balance, affordability and the sustainable use of resources across the system.
Information, Digital and Technology	Risks associated with digital capability, data quality, cyber security, system resilience and the effective use of technology to support service delivery.
Partnerships, Market and Dependencies	Risks arising from reliance on partners, providers or markets, including commissioning arrangements, contracts and system interdependencies.
Reputation, Confidence and Engagement	Risks that could undermine confidence among the public, staff, partners, regulators or elected members.

Further examples for each category are provided in **Appendix A**.

2.5 Risk Identification

The primary purpose of risk identification is to support delivery of the IJB's Strategic Plan, statutory responsibilities and delegated functions by recognising uncertainties that may affect the achievement of agreed objectives and outcomes. Risk identification enables informed decision-making, proactive management of threats and opportunities, and timely action to address emerging issues that could affect the Partnership's ability to deliver services and improve outcomes for people and communities.

The IJB's risk management framework is principally focused on the identification and management of strategic risks. Strategic risks are those that could significantly affect the delivery of the Strategic Plan, financial sustainability of the integration arrangements, governance responsibilities of the IJB, achievement of agreed outcomes for service users and communities, or the reputation and effectiveness of the Partnership.

Operational risks arising within services delegated to the IJB remain subject to the risk management policies, procedures and governance arrangements of NHS Greater Glasgow and Clyde and Glasgow City Council. Responsibility for identifying, assessing and managing such risks rests with the relevant partner organisation in accordance with its own risk management framework. The IJB expects partner bodies to maintain effective arrangements for identifying and managing operational

risks and to provide appropriate assurance regarding significant risks that could affect delivery of delegated functions.

Risk identification within the IJB will be systematic, collaborative, evidence-informed and forward-looking. Strategic risks may be identified through planning processes, performance and assurance activity, review of incidents and events, horizon scanning, analysis of data and intelligence and engagement with partners, stakeholders and communities. In identifying risks, consideration should be given to both threats and opportunities, sources of uncertainty, emerging risks, interdependencies between organisations and services, and factors that may have a cumulative impact on delivery of strategic objectives.

Where a risk includes a material opportunity, this should be described within the risk record and considered alongside the potential adverse consequences. The agreed risk matrix will continue to assess potential adverse exposure; expected benefits should be recorded separately to support informed decisions about appropriate risk-taking.

Not all risks identified within the Partnership require inclusion on the IJB Strategic Risk Register. Risks should be considered strategically significant where they have the potential to significantly affect delivery of the Strategic Plan, achievement of strategic objectives, delivery of delegated functions, statutory responsibilities, partnership arrangements, organisational sustainability, or the reputation and effectiveness of the Partnership. Risks assessed as strategically significant should be considered for inclusion on the IJB Strategic Risk Register or for another appropriate form of strategic oversight and assurance.

Detailed arrangements for risk registers, escalation and strategic oversight are set out in Section 2.9.

2.6 Horizon Scanning & Emerging Risk

Horizon scanning is a proactive process used to identify trends, developments and emerging issues that may have a significant future impact on the Health and Social Care Partnership, its operating environment or the communities it serves.

The HSCP Senior Management Team will consider emerging risks and strategic developments as part of their planning, performance, governance and risk management arrangements. This should include consideration of changes in policy, legislation, demographics, service demand, workforce, finance, technology, partnership arrangements and the wider external environment.

Where an emerging risk is considered to present a potentially significant threat or opportunity, it should be assessed and, where appropriate, incorporated into the IJB's risk management framework.

Horizon scanning arrangements should support strategic planning, decision-making, assurance and the ongoing review of the IJB's Strategic Risk Register.

2.7 Risk Assessment

Risk assessment is the process of analysing and evaluating a risk in order to understand its significance and determine the level of attention, oversight and action required.

Effective risk assessment supports informed decision-making by providing a structured understanding of the nature of a risk, the factors contributing to it, the effectiveness of existing controls and the extent of any remaining exposure.

The IJB uses a consistent methodology for assessing strategic risks and operational risks that have been escalated for strategic oversight. Risk assessment should be evidence-based and informed by professional judgement, available data, subject matter expertise and relevant assurance information.

Understanding Risk

Risks should normally be described using a structured format that identifies:

Cause	**Event**	**Impact**
The source of the risk or the circumstances that create uncertainty.	The event, occurrence or situation that could arise as a result of the identified cause.	The consequence or effect on the IJB's objectives, Strategic Plan, delegated functions, services, stakeholders or reputation.

Using a consistent cause-event-impact format helps improve understanding of the risk and supports the development of appropriate controls and treatment plans. This is illustrated in Figure 3.



Figure 3: Understanding Risk

Controls and Mitigating Actions

Controls are the arrangements already in place to manage risk and reduce either the probability of an event occurring or the severity of its impact should it occur.

Mitigating actions are additional measures being implemented, or planned for implementation, where existing controls are not considered sufficient to manage the risk to an acceptable level. Once fully implemented and operating effectively, a mitigating action may become an established control.

Controls and mitigating actions may include policies, procedures, governance arrangements, professional standards, financial controls, service delivery arrangements, contractual requirements, performance monitoring, improvement programmes or other management activities.

When assessing a risk, consideration should be given not only to whether controls and mitigating actions exist, but also whether they are operating effectively and providing the intended level of risk reduction.

Inherent, Residual and Target Risk

The IJB recognises that all activities involve some level of uncertainty and exposure to risk.

Inherent Risk is the level of risk that would exist in the absence of existing controls.

Residual Risk is the current level of risk remaining after existing controls and any completed mitigating actions have been taken into account. Planned or incomplete mitigating actions should not be reflected in the residual risk assessment.

Target Risk represents the level of residual risk that the IJB aims to achieve following the successful implementation of planned mitigating actions. It reflects the anticipated future risk position and supports monitoring of whether risk treatment plans are achieving the intended outcome. The target risk score should be realistic, evidence-based and consistent with the IJB's risk appetite, recognising that some risks cannot be eliminated entirely and may remain above the target level despite ongoing management action.

Risk management activity is primarily focused on understanding and managing residual risk, while also ensuring that existing controls remain proportionate and effective. Figure 4 illustrates how risk changes through controls and mitigating actions.

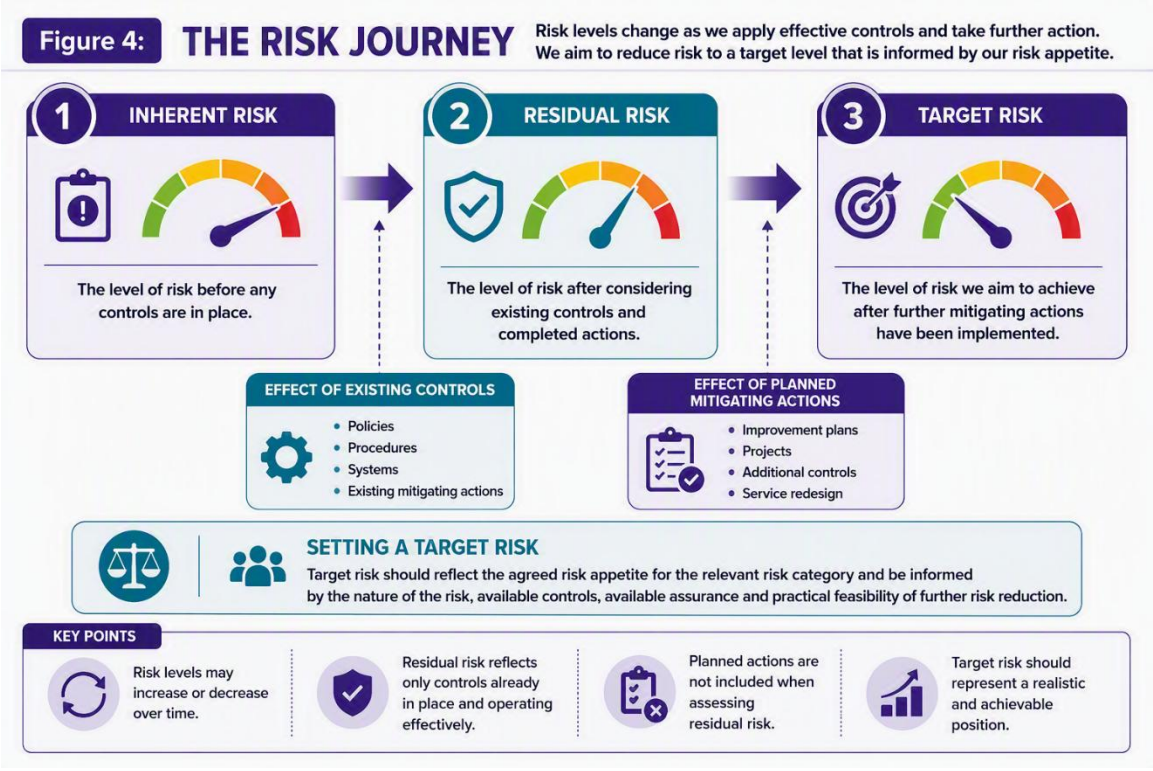


Figure 4: The Risk Journey (Inherent > Residual > Target)

Impact and Probability Assessment

Risks will be assessed using the IJB's agreed risk matrix, which combines an assessment of Impact and Probability to produce an overall risk score. The existing risk matrix and associated scoring criteria will continue to be used across the IJB risk management framework.

Impact reflects the potential severity of the consequences should the event occur.

Probability reflects the assessed likelihood that the event will occur, taking account of current circumstances and existing controls.

When assessing inherent risk, probability and impact should be considered on the basis that existing controls are absent or ineffective. When assessing residual risk, probability and impact should reflect the current position after the effectiveness of existing controls and completed mitigating actions has been taken into account. Target risk should reflect the anticipated position following successful implementation of planned mitigating actions.

The resulting score supports consistency in reporting, escalation, monitoring and prioritisation but should not replace professional judgement. Risks with similar scores may require different management responses depending on the nature of the risk, the level of uncertainty involved and the potential effect on strategic objectives.

Detailed assessment criteria and the agreed risk matrix are set out in **Appendix D**.

Risk Evaluation

Once a risk has been assessed, the resulting residual score should be evaluated against the IJB's agreed risk appetite arrangements.

This evaluation supports decisions regarding:

- whether the risk can be accepted;
- whether additional controls or treatment actions are required;
- whether increased monitoring or assurance is necessary; and
- whether the risk should be escalated for further oversight and scrutiny

Risk appetite does not replace risk assessment and should not be used as a substitute for professional judgement. It provides a framework for understanding the level of risk that the IJB is generally willing to accept in pursuit of its objectives.

Risks with similar scores may require different management responses depending on the relevant risk category and the IJB's agreed appetite for that category.

Risk appetite will be applied through informed judgement rather than as an automatic numerical threshold. The residual risk score, nature of the potential impact, effectiveness of controls, level of uncertainty and strategic benefits associated with the activity should all be considered when determining whether the current exposure is consistent with the IJB's appetite for the relevant risk category. Where exposure is considered greater than the agreed appetite, this should be clearly reported together with the actions being taken, the expected target position and any requirement for enhanced oversight or assurance.

The IJB's risk appetite levels and agreed appetite by risk category are set out in **Appendix E**.

2.8 Risk Treatment

Risk treatment is the process of identifying and implementing actions to manage risks in a manner that supports the achievement of the IJB's strategic objectives and delivery of delegated functions.

Risk Owners are responsible for ensuring that appropriate controls and mitigating actions are identified, implemented and reviewed. Actions should be proportionate to the nature of the risk and designed to reduce the likelihood and/or impact of the risk where this is practicable and achievable.

A range of risk treatment approaches may be adopted depending on the circumstances. These may include avoiding the risk, reducing the risk through additional controls or mitigating actions, sharing or transferring the risk where appropriate, accepting the residual level of risk where further treatment is not proportionate or reasonably practicable, or pursuing opportunities where an appropriate level of risk-taking supports the achievement of strategic objectives.

Where a risk requires further management action, a risk treatment plan should be developed. Treatment plans should identify the actions required, the officer responsible for delivering each action, expected outcomes, target completion dates and arrangements for monitoring progress.

The implementation and effectiveness of controls and treatment actions should be reviewed regularly as part of the ongoing management and review of risks. This should include consideration of whether controls remain effective, proportionate and appropriate to the current level of risk exposure.

Risk treatment does not necessarily eliminate risk. In some circumstances, risks may remain significant despite the implementation of controls and mitigating actions. In such cases, the IJB requires assurance that risks are understood, actively managed and subject to appropriate oversight and review.

2.9 Risk Registers

Risk registers provide a structured means of recording, assessing, monitoring and reporting risks. They support effective decision-making, prioritisation of resources and oversight of the uncertainties that may affect delivery of objectives and outcomes.

Risk registers should provide a clear and consistent record of:

- the nature of the risk;
- the causes and potential consequences of the risk;
- existing controls and sources of assurance;
- inherent, residual and target risk scores;
- agreed risk treatment actions;
- accountable risk owners; and
- arrangements for review and monitoring.

Where a Risk Owner has delegated responsibility for day-to-day coordination of a risk, a Responsible Officer may be identified to support monitoring, reporting and implementation of agreed actions. The designation of a Responsible Officer does not remove accountability from the Risk Owner.

The IJB maintains a Strategic Risk Register which records those risks that could significantly affect delivery of the Strategic Plan, delegated functions, statutory responsibilities, financial sustainability, governance arrangements or other objectives of the Partnership.

The standard IJB Strategic Risk Register template is provided at **Appendix C**.

In accordance with the Integration Scheme, operational risks continue to be managed through the risk management frameworks of the relevant partner body. Risks specific to Social Care services are managed through risk registers operating in accordance with the Glasgow City Council Risk Management Framework, whilst risks specific to Health services are managed through risk registers operating in

accordance with the NHS Greater Glasgow and Clyde Risk Management Framework.

The purpose of the IJB Strategic Risk Register is not to duplicate partner body operational risk registers, but to provide strategic oversight of those risks that require consideration at Partnership level.

Strategic risks may be recorded on the IJB Strategic Risk Register either through direct identification at Partnership level where a risk is considered strategically significant, or through escalation from operational, service, programme, project or partner body risk registers.

Escalation of Risks

Risk escalation is the process through which risks are moved to a higher level of oversight when the nature, significance or potential impact of the risk exceeds local management authority or requires strategic consideration.

The decision to escalate a risk should be based on the characteristics of the risk rather than solely its numerical score.

Risks should be considered for escalation to the IJB Strategic Risk Register where they:

- threaten delivery of one or more Strategic Plan objectives;
- have the potential to affect delivery of delegated functions;
- affect, or have the potential to affect, multiple services, care groups, programmes or partner organisations;
- present significant system-wide interdependencies or cumulative impacts;
- require strategic intervention, oversight or decision-making by the IJB;
- exceed the authority, resources or capacity of local management arrangements to manage effectively;
- may have significant implications for governance, legal compliance, financial sustainability, workforce capacity, service continuity or reputation; or
- require enhanced scrutiny, assurance or monitoring at Partnership level.

Escalation to the IJB Strategic Risk Register does not transfer accountability for management of the underlying operational risk. The relevant organisation, service or individual will remain responsible for managing the risk through the applicable partner-body or operational governance framework. Where the risk is recorded on the IJB Strategic Risk Register, an IJB Risk Owner will also be identified and will be

accountable for its strategic oversight, including ensuring that the IJB receives appropriate assurance regarding the management of the risk.

Where a risk is escalated to the IJB Strategic Risk Register, it should be reviewed and assessed in the context of the IJB's strategic objectives, delegated functions and risk appetite arrangements. This assessment may result in the risk being recorded at a different level to that used within the originating operational or partner body risk register where the strategic context indicates a different level of exposure.

Escalation to the IJB Strategic Risk Register does not remove the requirement for risks to continue to be managed through the relevant operational or partner body arrangements where appropriate.

A risk may be escalated simultaneously to:

- the IJB Strategic Risk Register;
- a partner body's corporate risk register; and/or
- other strategic oversight arrangements,

where this is necessary to ensure appropriate visibility, assurance and governance oversight.

The same underlying risk may therefore appear on more than one risk register where different organisations have responsibilities, accountabilities or assurance requirements relating to that risk.

De-escalation of Risks

Risk management arrangements should be dynamic and proportionate. Strategic oversight should be applied only where it continues to add value.

Risks should be considered for de-escalation from the IJB Strategic Risk Register where:

- the level of risk has reduced to a point where strategic oversight is no longer required;
- effective controls and assurance arrangements have been established;
- responsibility for ongoing management can appropriately be exercised through operational or partner body arrangements;
- the risk is no longer considered capable of materially affecting delivery of Strategic Plan objectives or delegated functions; or
- the circumstances that originally justified escalation are no longer present.

De-escalation from the IJB Strategic Risk Register does not imply that a risk has been resolved or closed but reflects a judgement that the risk no longer requires strategic oversight and can be effectively managed through alternative governance arrangements including being managed and monitored through operational or corporate risk registers where appropriate.

Closure of Risks

Risks may be removed from the IJB Strategic Risk Register where they are no longer considered relevant, where the source of uncertainty no longer exists, where the risk has been effectively managed and no longer requires active monitoring, or where the risk has fully materialised and is being managed through alternative governance, operational or improvement arrangements. Before closure following materialisation, consideration should be given to whether any continuing uncertainty or consequential exposure should be recorded as a new or revised risk.

Decisions to close strategic risks should be appropriately documented and approved through the IJB's risk governance arrangements.

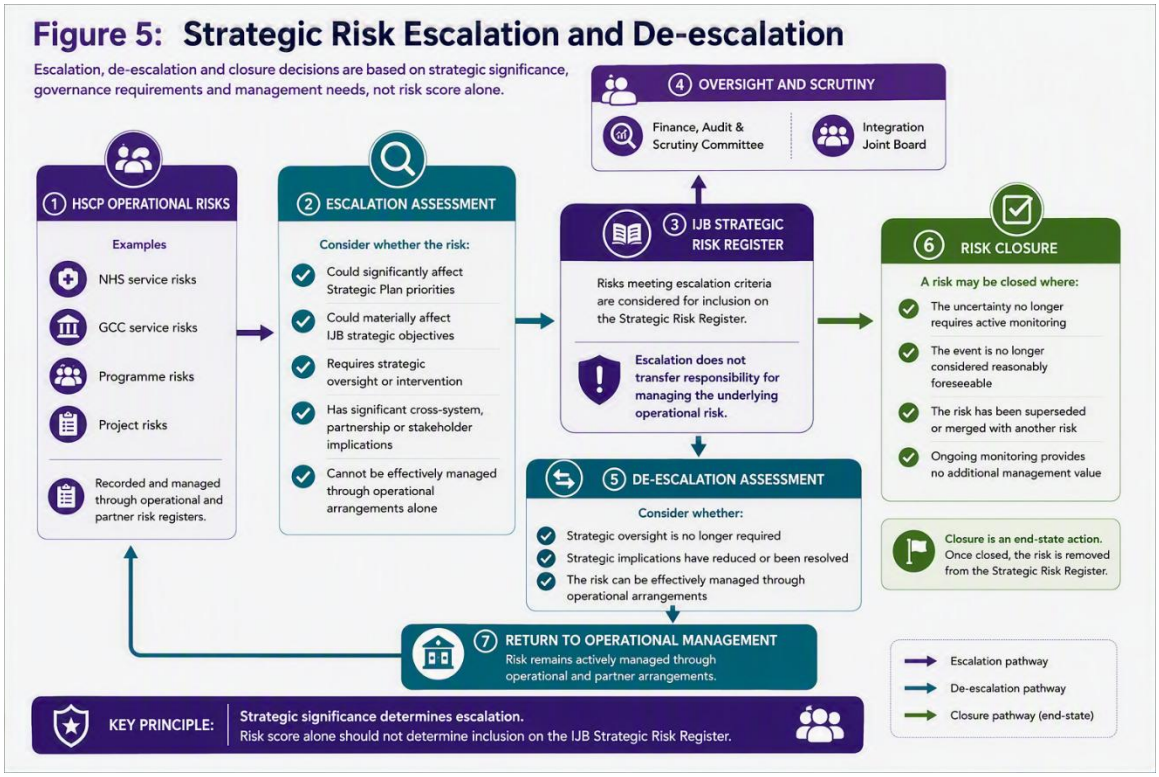


Figure 5: Strategic Risk Escalation and De-escalation

Review of Risk Registers

Risk registers should be reviewed regularly to ensure that risk assessments remain current, controls remain effective, and risk treatment actions continue to be appropriate and proportionate.

In accordance with the Integration Scheme, the IJB's Strategic Risk Register will be subject to formal quarterly review through the Finance, Audit and Scrutiny Committee, acting on behalf of the Integration Joint Board. Additional review may be undertaken where circumstances require. Risks with higher probability, impact or levels of uncertainty may be reviewed more frequently where this is considered necessary.

Proposals to add, de-escalate or close risks on the IJB Strategic Risk Register will normally be considered through the HSCP quarterly risk review process and reported to the Senior Management Team before being submitted to the Finance, Audit and Scrutiny Committee for approval on behalf of the Integration Joint Board.

2.10 Monitoring & Reporting

Effective risk management requires regular monitoring, review and reporting to ensure that risks remain current, controls remain effective and decision-makers have access to accurate and timely information regarding the Partnership's risk profile.

Monitoring and reporting arrangements provide assurance that risks are being actively managed and support the identification of emerging issues, changes in risk exposure and areas requiring additional attention or intervention.

Risk Review

Risk Owners and Responsible Officers should ensure that all assigned risks are reviewed regularly to confirm that:

- risk descriptions remain accurate and relevant;
- existing controls remain effective;
- risk assessments reflect current circumstances;
- agreed treatment actions are progressing as planned;
- sources of assurance remain valid;
- emerging issues are identified promptly; and
- consideration is given to escalation or de-escalation where appropriate.

Risk review should be proportionate to the nature, significance and volatility of the risk.

The IJB's Strategic Risk Register will normally be subject to formal quarterly review through the Finance, Audit and Scrutiny Committee, acting on behalf of the Integration Joint Board, as set out in Section 2.9.

HSCP Risk Review Process

The HSCP operates a coordinated quarterly review process to support consistent monitoring of strategic and operational risks.

This process provides an opportunity for Risk Owners and Responsible Officers to review current risk assessments, consider the effectiveness of controls and treatment actions, identify emerging issues and confirm whether escalation or de-escalation should be considered.

The Senior Management Team will receive regular reports summarising the outcome of risk reviews and will be invited to:

- confirm that risk registers provide an accurate reflection of the current risk profile;
- consider whether any significant operational risks require strategic oversight;
- identify emerging strategic risks or opportunities; and
- provide direction regarding any areas requiring further review or assurance.

Reporting to the Finance, Audit and Scrutiny Committee

The Finance, Audit and Scrutiny Committee provides scrutiny and oversight of the IJB's risk management arrangements on behalf of the Integration Joint Board.

A quarterly risk management report will be presented to the Committee summarising:

- the current position of the Strategic Risk Register;
- significant changes in risk scores;
- newly identified or closed risks;
- emerging risks and issues;
- significant operational risks affecting delivery of delegated functions;
- progress with risk treatment actions; and
- any notable assurance, audit or review findings relevant to the risk profile.

The Committee will use this information to provide challenge, oversight and assurance regarding the effectiveness of risk management arrangements and the adequacy of strategic responses to identified risks.

Reporting to the Integration Joint Board

The Integration Joint Board will receive periodic reports regarding the overall risk profile of the Partnership and the effectiveness of risk management arrangements.

An annual risk management report will normally be presented to the Integration Joint Board summarising:

- significant changes to the Strategic Risk Register during the previous reporting period;
- key emerging and escalating risks;
- themes and trends identified through risk review activity;
- notable assurance findings;
- progress in developing the risk management framework; and
- any significant issues requiring strategic consideration.

This report will support the Integration Joint Board's oversight of strategic risk and provide assurance regarding the effectiveness of the Partnership's risk management arrangements.

Risk Reporting Information

Risk reports should be proportionate to the purpose of the report and designed to support effective scrutiny, assurance and decision-making.

Reports provided to the Senior Management Team, Finance, Audit and Scrutiny Committee and Integration Joint Board may include summary information and visual reporting tools to support understanding of the Partnership's overall risk profile.

Where appropriate, reporting may include information relating to:

- the overall distribution of strategic risks across risk categories;
- current risk exposure compared with the IJB's agreed risk appetite;
- movement and trends in risk scores over time;
- progress in implementing risk treatment actions;
- the effectiveness of key controls;
- assurance ratings and identified assurance gaps;
- emerging risks and opportunities; and

- defined early warning indicators used to identify changes in risk exposure.

Such information should support informed discussion and provide members with a clear understanding of significant risks, trends and areas requiring further scrutiny or assurance.

Risk in Focus Reviews

The IJB recognises that some risks may require more detailed consideration than can reasonably be achieved through routine register reporting.

To support effective scrutiny and assurance, the IJB may periodically undertake "Risk in Focus" reviews of individual strategic risks or risk themes.

Risk in Focus reviews provide an opportunity to examine a risk in greater detail than is possible through routine risk register reporting and may be used to support strategic discussion, identify assurance requirements, strengthen understanding of emerging issues and inform future decision-making.

A Risk in Focus review may consider:

- the underlying causes and drivers of the risk;
- current and planned mitigating actions;
- sources of assurance and any identified assurance gaps;
- performance information, trends and indicators;
- interdependencies with other strategic risks;
- lessons learned from incidents, audits, inspections or reviews; and
- potential future developments that may affect the risk.

Risk in Focus reviews may be commissioned by the Finance, Audit and Scrutiny Committee, the Integration Joint Board, the Chief Officer or the Senior Management Team.

The findings of Risk in Focus reviews may inform future assurance activity, internal audit planning, strategic decision-making, risk treatment actions and review of the Strategic Risk Register.

2.11 Assurance and the Three Lines Model

Effective risk management requires the IJB to obtain assurance that significant risks are being appropriately identified, managed and monitored. Assurance is the information and evidence that enables the IJB to conclude that governance, risk management and control arrangements are operating effectively and that risks are

being managed in a manner consistent with the IJB's strategic objectives and risk appetite.

The IJB adopts the Three Lines Model as a simple framework for understanding where assurance is obtained and how responsibilities for risk management are distributed across the organisation and its partners. This is illustrated in Figure 6.

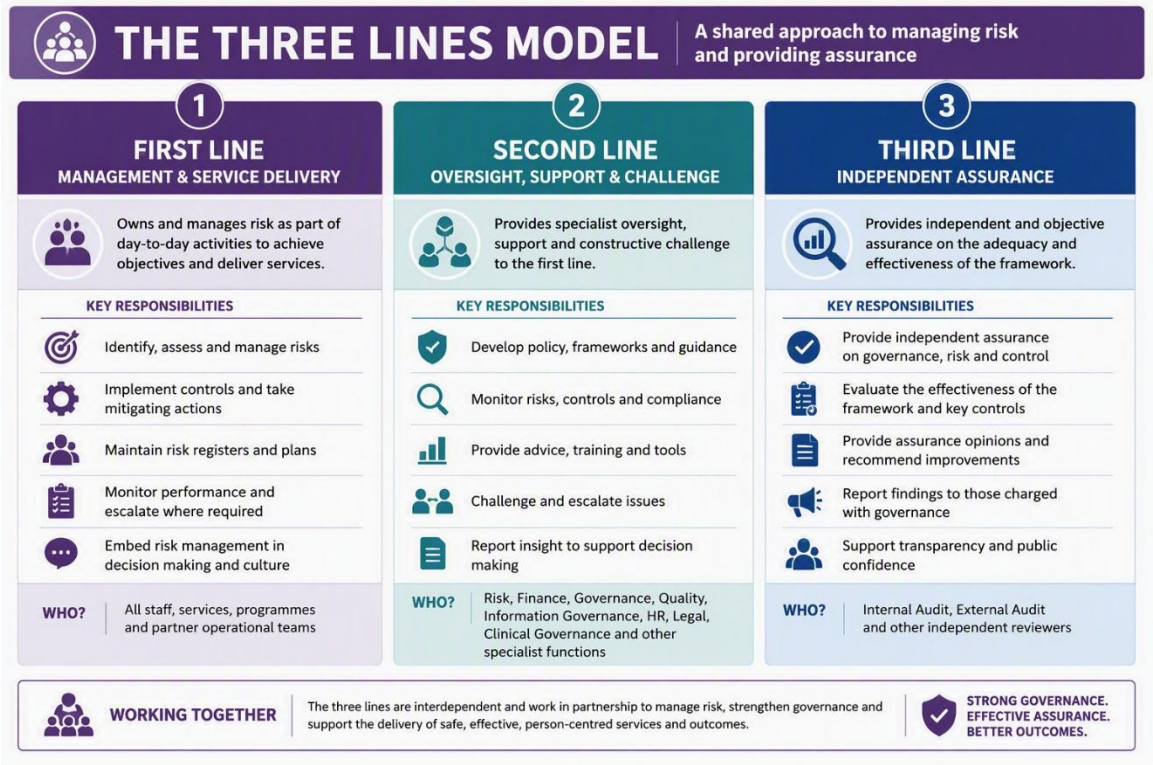


Figure 6: The Three Lines Model

First Line: Management and Service Delivery

The first line consists of those responsible for managing services, programmes, projects and resources on a day-to-day basis. This includes managers and staff within services operating under the direction of the IJB and those responsible for delivering agreed objectives and managing identified risks.

Assurance is provided through routine management activity including:

- operation of internal controls;
- performance monitoring and reporting;
- supervision and management oversight;
- service reviews and quality assurance activity;
- implementation of risk treatment actions; and

- compliance with agreed policies, procedures and professional standards.

The first line provides assurance that risks are being actively managed within day-to-day operations.

Second Line: Oversight, Support and Challenge

The second line consists of those responsible for developing governance frameworks, providing specialist advice, supporting good practice and monitoring compliance with agreed standards.

Within the IJB and partner bodies, this may include functions responsible for governance, risk management, finance, clinical and care governance, health and safety, information governance, business continuity, quality improvement and other specialist assurance functions.

The second line provides assurance through:

- development of policies, procedures and standards;
- monitoring and review activity;
- performance and risk reporting;
- specialist advice and support;
- compliance reviews; and
- quality assurance processes.

The second line provides oversight and challenge to help ensure that risks are being managed consistently and effectively.

Third Line: Independent Assurance

The third line consists primarily of Internal Audit and other independent assurance providers who assess the effectiveness of governance, risk management and internal control arrangements.

Third line assurance may be obtained through:

- Internal Audit reviews;
- External Audit findings;
- scrutiny and inspection activity;
- regulatory reviews; and
- other independent assessments.

The third line provides the IJB with independent assurance regarding the effectiveness of its overall governance, risk management and control environment.

Assurance Mapping

The IJB recognises that assurance is obtained from many different sources. To support effective governance and avoid duplication, the IJB will develop and maintain an Assurance Map for risks recorded on the IJB Strategic Risk Register.

An Assurance Map is a structured summary of the sources of assurance available for a particular risk. It identifies what assurance exists, where it originates from and whether any significant assurance gaps or duplication of effort are present.

Assurance mapping supports the IJB by:

- providing a clearer understanding of how risks recorded on the IJB Strategic Risk Register are being managed;
- identifying gaps where limited assurance is available;
- identifying areas where assurance activity may be duplicated;
- supporting prioritisation of audit and review activity; and
- strengthening the evidence available to support the Glasgow City IJB's Annual Audited Accounts.

Assurance Maps will be reviewed at least annually and when significant changes occur in the nature of a risk, its controls, available assurance or identified assurance gaps.

The Assurance Map template is provided at **Appendix B.**

2.12 Training & Capacity Building

The IJB recognises that effective risk management depends upon the knowledge, skills and confidence of those involved in the identification, assessment, management, reporting and scrutiny of risk.

The purpose of training and capacity building is to develop a positive risk-aware culture, strengthen decision-making and ensure that individuals understand their responsibilities within the risk management framework.

Risk management should be considered a core component of good governance rather than a standalone activity. The IJB therefore expects risk management principles to be embedded within strategic planning, performance management, service improvement, transformation activity, business continuity arrangements and decision-making processes.

Roles and Responsibilities

Training and development activity should be proportionate to the responsibilities of individuals within the framework.

Integration Joint Board Members

Members should receive appropriate support and development to enable them to:

- understand the IJB's risk management framework;
- interpret risk information and reports;
- understand the IJB's risk appetite arrangements;
- scrutinise sources of assurance;
- contribute effectively to discussion of strategic risks; and
- fulfil their governance and oversight responsibilities.

Risk management development may be provided through induction arrangements, development sessions, briefings and Risk in Focus reviews. Enhanced development will be offered to members of the Finance, Audit and Scrutiny Committee where required.

Risk Owners and Responsible Officers

Individuals responsible for managing risks should receive appropriate guidance and support to enable them to:

- identify and describe risks effectively;
- apply the agreed risk assessment methodology consistently;
- develop and monitor risk treatment plans;
- understand escalation and de-escalation arrangements;
- identify appropriate sources of assurance; and
- support effective monitoring and reporting.

Officers Supporting the Framework

Officers responsible for coordinating and developing the framework should maintain an appropriate understanding of recognised good practice in risk management, governance and assurance.

This may include knowledge relating to:

- the Orange Book and other recognised risk management standards;
- assurance and the Three Lines Model;
- horizon scanning and emerging risk;
- risk appetite;

- risk maturity assessment;
- assurance mapping; and
- approaches to continuous improvement.

Supporting Implementation

To support effective implementation of the risk management framework, appropriate advice, guidance and professional support should be available to those with responsibilities for managing, reporting or scrutinising risk.

The Senior Management Team should ensure that proportionate arrangements are in place to support consistent application of the framework and the ongoing development of risk management capability across the Partnership.

Such arrangements may include:

- risk management guidance and templates;
- risk assessment criteria and scoring guidance;
- briefing materials and development sessions;
- advice regarding application of the framework;
- support for risk review and reporting processes; and
- support for the development of assurance mapping, horizon scanning and other elements of the risk management framework.

Building Risk Management Capability

The IJB recognises that risk management capability develops over time and should be supported through continuous learning and experience.

Findings from annual effectiveness reviews, risk maturity assessments, internal audit activity, external reviews, Risk in Focus exercises and other assurance activities will be used to identify opportunities for further development and capacity building.

The IJB will seek to promote a culture in which:

- informed discussion of risk is encouraged;
- risk information is used to support decision-making;
- emerging risks and opportunities are identified and discussed openly;
- learning is shared across services and partner organisations; and
- continuous improvement is supported through the Plan-Do-Study-Act (PDSA) approach.

2.13 Continuous Improvement

The IJB is committed to the continuous improvement of its risk management arrangements. Effective risk management requires regular reflection on whether the framework remains proportionate, effective and aligned with the strategic objectives of the IJB and the evolving health and social care environment.

Risk Effectiveness Review

The IJB will periodically review the effectiveness of its risk management arrangements, normally on an annual basis, to provide assurance that risk management arrangements remain appropriate and continue to support effective governance, decision-making and delivery of strategic objectives.

The review should consider:

- the effectiveness of governance and reporting arrangements;
- the quality and usefulness of risk information provided to decision-makers;
- the operation of the Strategic Risk Register;
- the effectiveness of risk escalation and reporting arrangements;
- outcomes from internal audit, external audit, inspections and reviews;
- lessons learned from incidents, complaints, service disruptions and significant events;
- progress in implementing improvement actions identified through previous reviews; and
- any changes in legislation, guidance or recognised good practice.

The findings of the review will be reported through the Finance, Audit and Scrutiny Committee and used to inform future development of the risk management framework.

Risk Maturity Assessment

The IJB recognises that effective risk management develops over time and should evolve in response to changing circumstances, experience and organisational learning.

To support continuous improvement, the IJB will periodically assess the maturity of its risk management arrangements against recognised good practice. A risk maturity assessment provides a structured means of understanding the strengths of the current framework and identifying opportunities for further development.

A maturity assessment may consider:

- leadership and organisational culture;
- governance and accountability arrangements;
- integration of risk management into decision-making;
- quality of risk identification and assessment;
- assurance and reporting arrangements;
- risk management capability and training; and
- the extent to which risk management is embedded within strategic planning and performance management processes.

Risk maturity assessments will normally be undertaken every two years, or at another frequency determined by the IJB. Findings will be used to develop proportionate improvement actions that reflect the size, complexity and responsibilities of the organisation.

Using the Plan-Do-Study-Act (PDSA) Approach

The IJB will use the principles of the Plan-Do-Study-Act (PDSA) cycle to support continuous improvement of its risk management arrangements.

This approach supports a culture of learning and improvement by:

Plan – identifying opportunities to strengthen risk management arrangements and developing improvement actions;

Do – implementing agreed improvements;

Study – reviewing the effectiveness of those improvements through monitoring, assurance and evaluation activities; and

Act – embedding successful changes and identifying any further actions required.

The annual effectiveness review and periodic risk maturity assessment will provide important evidence to inform this cycle and support the ongoing development of a proportionate, effective and continually improving risk management framework.

2.14 References and related documents

- Glasgow City IJB Integration Scheme;
- Glasgow City IJB Strategic Plan;
- Glasgow City Council Risk Management Framework;
- NHS Greater Glasgow and Clyde Risk Management Framework;
- HM Treasury, *The Orange Book: Management of Risk – Principles and Concepts*;
- ISO 31000, *Risk management – Guidelines*.

Appendix A: Risk Category Guidance and Examples

The IJB's risk categories and descriptions in Section 2.4 of the IJB Risk Management Policy and Strategy are authoritative.

Risk Category	Description	Example Risks
Strategy, Planning and Transformation	Risks that threaten delivery of agreed strategies, priorities and transformation programmes, including failure to plan effectively for future need or system change.	Failure to deliver a major transformation programme; inability to achieve Strategic Plan objectives; insufficient capacity to implement service redesign; failure to anticipate future demand pressures.
Governance, Legal and Compliance	Risks relating to legal duties, regulatory compliance, ethical standards and the effectiveness of governance and assurance arrangements.	Failure to comply with statutory duties; weaknesses in governance arrangements; regulatory enforcement action; conflicts of interest not appropriately managed; breach of Code of Conduct requirements.
Quality, Safety and Population Outcomes	Risks that could adversely affect care quality, safety, experience or outcomes for service users and communities, including the widening of health inequalities.	Deterioration in care quality; significant patient or service user safety incident; widening health inequalities; failure to improve population outcomes; deterioration in service user experience.
Service Delivery, Capacity and Continuity	Risks affecting the reliability and continuity of service delivery, including operational disruption, insufficient capacity or sustained service failure.	Insufficient service capacity to meet demand; loss of critical accommodation; failure of a major supplier; prolonged service disruption following an emergency incident; business continuity failure.
Workforce and Leadership	Risks linked to workforce availability, skills, leadership capacity, wellbeing and staff engagement across health and social care services.	Recruitment and retention challenges; shortages of key professional groups; leadership capacity gaps; high levels of absence; low staff engagement impacting service delivery.
Finance and Resource Sustainability	Risks affecting financial balance, affordability and the sustainable use of resources across the system.	Failure to deliver financial balance; inability to achieve required savings; significant unfunded cost pressures; increasing demand outstripping available resources; depletion of reserves.

Information, Digital and Technology	Risks associated with digital capability, data quality, cyber security, system resilience and the effective use of technology to support service delivery.	Cyber attack; major IT system failure; poor data quality affecting decision-making; inability to deliver digital transformation objectives; loss or compromise of sensitive information.
Partnerships, Market and Dependencies	Risks arising from reliance on partners, providers or markets, including commissioning arrangements, contracts and system interdependencies.	Failure of a commissioned provider; instability in the care market; breakdown in partnership arrangements; dependency on a single supplier; failure of a hosted or lead-partnership service arrangement.
Reputation, Confidence and Engagement	Risks that could undermine confidence among the public, staff, partners, regulators or elected members.	Adverse media coverage; loss of stakeholder confidence; significant public criticism of service changes; reputational damage following a major incident; breakdown in engagement with key partners or communities.

Appendix B: Assurance Map

B.1 Assurance Map Template

Risk	First Line Assurance	Second Line Assurance	Third Line Assurance	Assurance Rating (L/M/H)	Gaps & Actions
Risk 1 – [title]	Management reporting and Key Performance Indicators	Risk/compliance reviews	Internal Audit / External	[ ]	[ ]
Risk 2 – [title]	Management reporting and Key Performance Indicators	Risk/compliance reviews	Internal Audit / External	[ ]	[ ]
Risk 3 – [title]	Management reporting and Key Performance Indicators	Risk/compliance reviews	Internal Audit / External	[ ]	[ ]

Assurance Rating Descriptions

The assurance rating reflects the adequacy and reliability of the available assurance and does not represent the severity or score of the underlying risk.

High (H): robust and current assurance is available from appropriate sources, with no significant gaps identified.

Medium (M): some relevant assurance is available, but there are limitations, gaps or improvement actions requiring monitoring.

Low (L) : assurance is absent, outdated or insufficient to provide confidence that the risk is being effectively managed.

B.2 Assurance Map –Example

The example below is purely illustrative and based on a current strategic risk.

Risk	**Risk 2736: Financial Sustainability of the IJB** There is a risk that the IJB is unable to maintain financial stability and medium to long-term financial sustainability due to increasing service demand, inflationary pressures, funding constraints and insufficient financial flexibility, resulting in an inability to deliver strategic priorities and delegated services within available resources.	
First Line Assurance	Medium Term Financial Plan	*Demonstrates planned approach to maintaining financial sustainability and identifies future financial pressures and mitigating actions.*
	Budget monitoring and financial reporting	*Provides regular monitoring of financial performance, identification of emerging variances and corrective action where required.*
	STEP Forward Programme governance	*Provides assurance that savings, transformation and improvement programmes are monitored and progressed.*
	Financial management controls operated by budget holders and finance teams	*Provides assurance that expenditure is managed in accordance with approved budgets and financial regulations.*

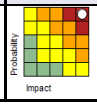
Second Line Assurance	Senior Management Team financial oversight	*Provides challenge, review and oversight of financial performance and strategic financial risks.*
	Finance, Audit and Scrutiny Committee	*Provides independent member scrutiny of financial performance, financial governance arrangements and strategic financial risks.*
	Corporate risk management framework	*Ensures financial sustainability risks are formally reviewed, assessed and escalated through governance arrangements.*
	Engagement with partner bodies and Scottish Government	*Provides oversight of external funding assumptions, financial planning risks and dependencies.*
Third Line Assurance	Internal Audit	*Provides independent assurance regarding the adequacy and effectiveness of financial controls and governance arrangements.*
	External Audit	*Provides independent assurance regarding financial stewardship, governance and financial sustainability arrangements.*
	Partner Body governance and audit arrangements	*Provides additional assurance regarding matters that affect delegated resources and service delivery.*

Assurance Rating:	**M (Medium)** A range of assurance sources exist across all three lines of assurance. Financial performance is monitored through established governance arrangements, including routine financial reporting, oversight by senior management and scrutiny by the Finance, Audit and Scrutiny Committee. Internal and external audit activity also provide independent assurance regarding financial governance and control arrangements. However, significant financial pressures, increasing demand for services, delivery of savings requirements and uncertainty in future funding levels mean that ongoing monitoring and improvement activity remain necessary.
Gaps / Improvement Actions	• Continue to strengthen medium-term financial planning assumptions. • Monitor delivery of STEP Forward savings and transformation programmes. • Maintain oversight of emerging funding and demand pressures. • Ensure audit recommendations relating to financial governance are implemented and monitored.

Appendix C: Risk Register Template

IJB Strategic Risk Register – Template

Ref		Title	
Description	RISK: CAUSE: EFFECT:		

Risk Owner	Responsible Officer	Residual Risk Assessment (Impact x Probability)	Score	Matrix	Movement since last Assessment	Date Assessed	Next Assessment Date
							

Mitigation / Controls

Risk Treatment Approach		Primary Risk Category	

Related Strategic Priority / Objective

Notes

Actions

Title	Description	Owner	Target Date	Status	Completed (%)	Progress	Target Date	Latest Note

Appendix D – Risk Assessment Guidance

D.1 Risk Matrix

All risk scores — Inherent, Residual and Target — will be calculated using the agreed 5x5 risk matrix, which combines assessments of Probability and Impact to determine the overall risk level.

		Impact Score				
		1	2	3	4	5
Probability Score	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

>16	Very High
10 - 16	High
4 - 9	Medium
1 - 3	Low

D.2 Probability Scale

The probability score reflects the likelihood of a risk event occurring.

Score	Description	Guidance
1	Rare	May occur only in exceptional circumstances. No recent history of occurrence and little evidence that the event is likely.
2	Unlikely	Could occur but is not expected in most circumstances. Has occurred infrequently or only in unusual situations.
3	Possible	Could reasonably occur at some point. There is a realistic prospect of occurrence based on current conditions.
4	Likely	Expected to occur in many circumstances. Previous occurrences or current indicators suggest the event is probable.
5	Almost Certain	Expected to occur frequently or repeatedly. Strong evidence indicates the event is highly likely.

D.3 Impact Scale

The impact score reflects the potential consequences should the risk occur, and the tables below set out impact scales for each of the risk categories.

Strategy, Planning and Transformation

Score	Example Impact
1	Minor delay or challenge affecting a discrete piece of work or programme activity.
2	Noticeable impact on delivery timescales or achievement of a strategic objective requiring management action.
3	Significant delay, underperformance or failure to deliver an important programme, project or strategic priority.
4	Major impact affecting delivery of multiple strategic priorities or transformation programmes.
5	Failure to achieve key Strategic Plan objectives or deliver major organisational change required to meet future needs.

Governance, Legal and Compliance

Score	Example Impact
1	Minor governance or compliance issue with limited consequence.
2	Localised breach of policy, guidance or procedural requirements requiring corrective action.
3	Significant governance weakness, compliance failure or legal concern requiring senior management intervention.
4	Serious governance, regulatory or legal failure attracting external scrutiny or investigation.
5	Major governance breakdown, significant legal challenge, regulatory intervention or loss of confidence in governance arrangements.

Quality, Safety and Population Outcomes

Score	Example Impact
1	Limited effect on quality, safety or service user experience.
2	Localised reduction in service quality or adverse impact affecting a small number of individuals.
3	Significant adverse impact on care quality, safety, experience or outcomes requiring immediate management action.
4	Major deterioration in quality, safety or outcomes affecting a large service area, care group or population.
5	Severe impact resulting in widespread harm, significant safety concerns or serious adverse effects on population outcomes and health inequalities.

Service Delivery, Capacity and Continuity

Score	Example Impact
1	Minor service disruption with little impact on delivery.
2	Short-term disruption affecting parts of a service or requiring local recovery actions.
3	Significant service disruption affecting delivery of planned activity or performance standards.
4	Major disruption affecting multiple services or requiring substantial recovery arrangements.
5	Sustained service failure or loss of critical services affecting delivery of delegated functions.

Workforce and Leadership

Score	Example Impact
1	Minor staffing pressures manageable through normal management arrangements.
2	Recruitment, retention or capacity challenges affecting service performance.
3	Significant workforce pressures requiring substantial management intervention or support.
4	Major workforce or leadership challenges affecting delivery of strategic priorities or service sustainability.
5	Critical workforce or leadership failure significantly affecting delivery of delegated functions or organisational resilience.

Finance and Resource Sustainability

Score	Example Impact
1	Minor financial pressure manageable within existing budgets and resources.
2	Budget pressure requiring corrective action but manageable within approved plans.
3	Significant financial challenge affecting service delivery, planned investment or achievement of objectives.
4	Major financial pressure affecting sustainability of services, programmes or strategic priorities.
5	Serious threat to financial sustainability, affordability or the IJB's ability to fulfil its statutory responsibilities.

Information, Digital and Technology

Score	Example Impact
1	Minor system interruption or information issue with limited operational impact.
2	Noticeable disruption, data quality concern or system failure affecting part of the organisation.
3	Significant information, digital or technology failure affecting service delivery or decision-making.
4	Major loss of digital capability, data quality or cyber resilience affecting multiple services or partners.
5	Critical technology failure, major data breach or cyber incident significantly affecting service continuity, public confidence or organisational resilience.

Partnerships, Market and Dependencies

Score	Example Impact
1	Minor issue involving a partner, provider or contractual arrangement.
2	Localised dependency issue affecting delivery of a service or programme.
3	Significant failure of a partner, provider or market arrangement requiring management intervention.
4	Major disruption arising from partner, provider or market failure affecting achievement of strategic objectives.
5	System-wide failure involving key partners, markets or providers resulting in significant impact on delegated functions or Strategic Plan delivery.

Reputation, Confidence and Engagement

Score	Example Impact
1	Limited concern among a small number of stakeholders.
2	Localised criticism or negative feedback requiring management response.
3	Sustained stakeholder concern, complaints or adverse publicity affecting confidence in the IJB or HSCP.
4	Significant loss of confidence among key stakeholders, partners or elected members accompanied by adverse public scrutiny.
5	Serious and sustained reputational damage affecting confidence in the IJB, its governance arrangements or its ability to lead the partnership.

Appendix E – Risk Appetite

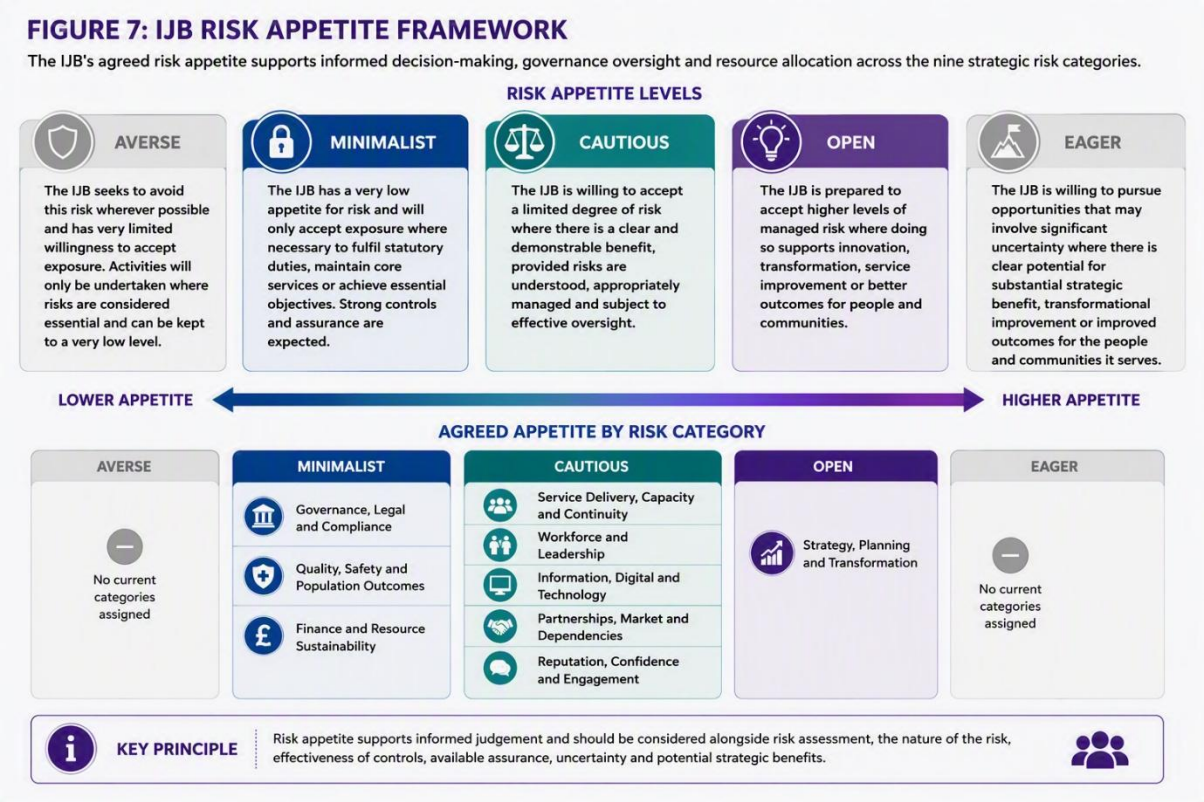


Figure 7: IJB Risk Appetite Framework

E.1 Risk Appetite Levels

Appetite Level	Description
Averse	The IJB seeks to avoid this risk wherever possible and has very limited willingness to accept exposure. Activities will only be undertaken where risks are considered essential and can be kept to a very low level.
Minimalist	The IJB has a very low appetite for risk and will only accept exposure where necessary to fulfil statutory duties, maintain core services or achieve essential objectives. Strong controls and assurance are expected.
Cautious	The IJB is willing to accept a limited degree of risk where there is a clear and demonstrable benefit, provided risks are understood, appropriately managed and subject to effective oversight.
Open	The IJB is prepared to accept higher levels of managed risk where doing so supports innovation, transformation, service improvement or better outcomes for people and communities.
Eager	The IJB is willing to pursue opportunities that may involve significant uncertainty where there is clear potential for substantial strategic benefit, transformational improvement or improved outcomes for the people and communities it serves

E.2 IJB Risk Appetite Matrix

Risk Category	Appetite
Strategy, Planning and Transformation	Open
Governance, Legal and Compliance	Minimalist
Quality, Safety and Population Outcomes	Minimalist
Service Delivery, Capacity and Continuity	Cautious
Workforce and Leadership	Cautious
Finance and Resource Sustainability	Minimalist
Information, Digital and Technology	Cautious
Partnerships, Market and Dependencies	Cautious
Reputation, Confidence and Engagement	Cautious

Appendix F: Glossary of Terms

The definitions below explain the principal terms used within the IJB Risk Management Policy and Strategy. They should be read in context of the IJB's statutory responsibilities, delegated functions and governance arrangements.

Term	Definition
Assurance	Information and evidence that enables the IJB to determine whether governance, risk management and control arrangements are operating effectively and whether significant risks are being appropriately managed.
Assurance Gap	An area where the available assurance is absent, insufficient, unreliable or not current enough to provide confidence that a risk is being effectively managed.
Assurance Map	A structured summary of the sources of assurance available for a risk. It identifies where assurance comes from across the Three Lines Model and helps identify significant gaps or unnecessary duplication.
Assurance Rating	An assessment of the adequacy, reliability and currency of the assurance available for a risk. The assurance rating does not indicate the severity of the risk itself.
Business Continuity	The arrangements used to prepare for, respond to and recover from disruption, so that critical services and activities can continue at an acceptable level.
Cause	The source of a risk, or the circumstances that create uncertainty and may result in a risk event occurring.
Closure of a Risk	The formal removal of a risk from the IJB Strategic Risk Register because it is no longer relevant, the source of uncertainty no longer exists, the risk no longer requires active monitoring, or it is being managed through other appropriate arrangements.
Control	An existing policy, procedure, governance arrangement, management activity or other measure intended to reduce the probability of a risk event occurring or lessen the severity of its impact.
Control Effectiveness	The extent to which a control is operating as intended and achieving the expected reduction in risk.
De-escalation	The removal of a risk from a higher level of oversight where strategic scrutiny is no longer required and the risk can be appropriately managed through operational, programme, project

	or partner-body arrangements. De-escalation does not necessarily mean that the risk has been resolved or closed.
Delegated Functions	Health and social care functions delegated to the IJB by NHS Greater Glasgow and Clyde and Glasgow City Council in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Glasgow City Integration Scheme.
Early Warning Indicator	Information or a defined measure used to identify a potential change in risk exposure before the full consequences of that change arise.
Emerging Risk	A new or developing risk whose nature, probability, impact or implications may not yet be fully understood but which could become significant to the IJB or Partnership.
Escalation	The process through which a risk is brought to a higher level of oversight because its nature, significance or potential impact exceeds local management authority or requires strategic consideration, intervention, assurance or scrutiny.
Event	The event, occurrence or situation that could arise because of the identified cause and lead to consequences for the IJB's objectives, functions, services or stakeholders.
External Assurance	Independent assurance obtained from organisations or individuals outside the immediate management arrangements of the IJB or HSCP, such as External Audit, regulators, inspectors or other external review bodies.
Finance, Audit and Scrutiny Committee (FASC)	The IJB committee responsible for scrutiny and oversight of the IJB's risk management, internal control and assurance arrangements on behalf of the Integration Joint Board.
Glasgow City Health and Social Care Partnership (HSCP)	The partnership arrangements through which Glasgow City Council and NHS Greater Glasgow and Clyde deliver integrated health and social care functions under the strategic direction of the IJB.
Horizon Scanning	A structured and forward-looking process for identifying trends, developments and emerging issues that may affect the Partnership, its operating environment or the communities it serves.
Impact	The consequence or effect that a risk event could have on the IJB's objectives, Strategic Plan, delegated functions, services, finances, workforce, stakeholders, reputation or statutory responsibilities.

Inherent Risk	The level of risk that would exist in the absence of existing controls.
Integration Joint Board (IJB)	The statutory body responsible for the strategic planning and direction of the health and social care functions delegated to it by Glasgow City Council and NHS Greater Glasgow and Clyde.
Integration Scheme	The statutory agreement between Glasgow City Council and NHS Greater Glasgow and Clyde that establishes the IJB and sets out how delegated health and social care functions, resources and governance arrangements will operate.
Interdependency	A relationship in which the management or outcome of one service, organisation, programme, system or risk depends upon, or may affect, another.
Issue	A situation or event that has already occurred and requires management action. An issue may arise from a risk that has materialised, but continuing uncertainty or consequential exposure may still require management as a risk.
Mitigating Action	An additional measure which is being implemented, or is planned for implementation, to reduce a risk where existing controls are not considered sufficient.
Operational Risk	A risk arising from the day-to-day delivery and management of services, programmes, projects, systems or resources. Operational risks relating to delegated services continue to be managed through the applicable risk management arrangements of Glasgow City Council or NHS Greater Glasgow and Clyde unless strategic oversight by the IJB is also required.
Opportunity	A source of uncertainty that may create benefits or support improved outcomes, innovation, transformation or achievement of strategic objectives. Pursuing an opportunity may involve accepting an appropriate and managed degree of risk.
Orange Book	HM Treasury's The Orange Book: Management of Risk – Principles and Concepts. The Orange Book sets out the UK Government's principles for effective risk management and is recognised as a leading source of good practice. It promotes a proportionate, evidence-based approach to identifying, assessing, managing and assuring risks and emphasises the integration of risk management into governance, decision-making, performance management and organisational culture.
Partner Bodies	Glasgow City Council and NHS Greater Glasgow and Clyde, which delegate functions and resources to the IJB and retain responsibilities for the operational delivery of delegated services.

Probability	The assessed likelihood that a risk event will occur, taking account of current circumstances and existing controls.
Professional Judgement	The informed assessment made by an individual or group using relevant knowledge, experience, evidence and expertise. Professional judgement complements, but is not replaced by, numerical risk scoring.
Residual Risk	The level of risk remaining after existing controls and any completed mitigating actions have been taken into account.
Responsible Officer	The officer who supports the Risk Owner in the day-to-day management, monitoring and updating of an assigned risk, including coordination of agreed actions and maintenance of accurate risk information.
Risk	The effect of uncertainty on the achievement of objectives. A risk may represent a potential threat, an opportunity, or a combination of both.
Risk Appetite	The amount and type of risk that the IJB is willing to accept in pursuit of its objectives. Appetite may vary between risk categories and may change over time.
Risk Appetite Level	A qualitative description of the IJB's willingness to accept exposure within a particular risk category. The levels used by the IJB are Averse, Minimalist, Cautious, Open and Eager.
Risk Appetite Matrix	A summary of the IJB's agreed appetite level for each strategic risk category, used to support informed consideration of whether current risk exposure is consistent with the amount and type of risk the IJB is willing to accept.
Risk Assessment	The process of analysing and evaluating a risk to understand its causes, potential event and impacts, existing controls, probability, impact and resulting level of exposure.
Risk Category	A defined grouping used to classify risks of a similar nature. Risk categories support consistent identification, assessment, reporting and consideration of risk appetite.
Risk Evaluation	The process of considering the assessed level and nature of a risk against the IJB's risk appetite, strategic objectives and other relevant factors to determine the appropriate management response.
Risk in Focus Review	A detailed review of an individual strategic risk or risk theme, undertaken where more extensive discussion, scrutiny or

	assurance is required than can be achieved through routine risk-register reporting.
Risk Management	The coordinated activities used to identify, assess, treat, monitor, report and review uncertainty that may affect the achievement of objectives.
Risk Management Framework	The policies, strategies, governance arrangements, processes, responsibilities, risk appetite, registers, assurance activities and supporting guidance through which risk is managed by the IJB.
Risk Matrix	The tool used to combine assessments of probability and impact to produce an overall risk score.
Risk Maturity	The extent to which effective risk management arrangements are understood, consistently applied, integrated into decision-making and supported by an appropriate risk-aware culture.
Risk Owner	The individual who is accountable for ensuring that an assigned risk is properly understood, assessed, managed, monitored and reported. The Risk Owner remains accountable even where individual actions are assigned to other officers.
Risk Profile	The overall picture of the risks affecting the IJB at a particular point in time, including their nature, significance, distribution, direction of travel and relationship to risk appetite.
Risk Register	A structured record used to document and monitor risks, including their causes, potential consequences, controls, assurance, scores, treatment actions, ownership and review arrangements.
Risk Score	The numerical value produced by combining the assessed probability and impact of a risk using the agreed risk matrix. The score supports prioritisation, monitoring and reporting but does not replace professional judgement.
Risk Taxonomy	The structured set of risk categories used by the IJB to classify risks consistently and support strategic oversight, reporting, escalation and alignment with partner-body arrangements.
Risk Treatment	The process of selecting and implementing an appropriate response to risk. This may include avoiding, reducing, sharing, transferring or accepting a risk, or pursuing an opportunity where managed risk-taking supports strategic objectives.
Risk Treatment Plan	A documented set of actions intended to manage a risk. It should identify the actions required, responsible officers, intended outcomes and arrangements for monitoring progress.

Senior Management Team (SMT)	The senior officer group responsible for providing leadership on risk management, overseeing implementation of the framework and considering the HSCP's strategic and operational risk profile.
Source of Assurance	The activity, information, report, review or evidence that provides confidence about the management of a risk or the effectiveness of a control.
Strategic Risk	A risk that could significantly affect delivery of the IJB Strategic Plan, delegated functions, statutory responsibilities, financial sustainability, governance arrangements, partnership working, agreed outcomes or the reputation and effectiveness of the Partnership.
Strategic Risk Register	The IJB's formal record of risks requiring strategic oversight because of their significance to the IJB's responsibilities, objectives, delegated functions or governance arrangements.
Target Risk	The anticipated level of residual risk that the IJB aims to achieve after planned mitigating actions have been successfully implemented. The target should be realistic, evidence-based and considered in the context of the IJB's risk appetite.
Three Lines Model	A framework used to understand how responsibilities for managing risk and providing assurance are distributed between operational management, oversight and specialist functions, and independent assurance providers.
First Line	Managers and staff responsible for delivering services, programmes, projects and objectives and for managing risks as part of day-to-day activity.
Second Line	Functions that develop frameworks, provide specialist advice and support, monitor compliance and provide oversight and challenge. Examples may include governance, risk management, finance, clinical and care governance, health and safety, information governance and business continuity.
Third Line	Internal Audit and other independent assurance providers that assess the effectiveness of governance, risk management and internal control arrangements.
Uncertainty	A lack of complete knowledge about an event, circumstance, outcome or future development that may affect achievement of the IJB's objectives.