

	HEADLINE RISK	DESCRIPTION OF RISK	INHERENT RISK FACTOR	IDENTIFY EXISTING CONTROLS & EFFECTIVENESS OF MITIGATION	IS RISK DECREASING, INCREASING OR STATIC?	RESIDUAL RISK FACTOR	RISK OWNER
1a	Lack of meaningful impact on the behaviour of regulatory bodies	<p>Failure to comply with our process and timescales.</p> <p>Not reporting on the performance of regulators within Parliamentary timescales.</p> <p>Good practice not disseminated and areas of concern not highlighted.</p> <p>Regulators do not find CHRE advice credible.</p> <p>Failure of quality control.</p>	<p>L-4</p> <p>I-2</p> <p>(8)</p>	<p>Procedures and timetables in place to ensure performance review and annual report are prepared, scrutinised internally and printed within set timescale.</p> <p>Performance review findings published, discussed with the regulators.</p> <p>Areas of good practice highlighted and disseminated through good practice seminars.</p> <p>Honest relationships with regulators maintained.</p>	S	<p>L-2</p> <p>I-2</p> <p>(4)</p>	RH
1b		<p>Views of patients and the public not sought</p> <p>Views and needs of patients and the public not taken into account</p> <p>Lack of knowledge about environment affecting patients and public and/or lack of ability to effectively interact with them.</p>	<p>L - 3</p> <p>I - 3</p> <p>(9)</p>	<p>Obtain views from public stakeholder network members on commissions using online consultations and questions.</p> <p>Organise learning events with public stakeholder network to inform information sharing process.</p>	S	<p>L-2</p> <p>L-2</p> <p>(4)</p>	CB
1c		<p>Failure to understand particular political and public context, particularly in devolved administrations</p> <p>Break down of relationship with DA's and / or failure to take proper account of their views</p>	<p>L-2</p> <p>I-4</p> <p>(8)</p>	<p>Regular quarterly meetings held with devolved administrations to discuss issues pertinent to their country. Information fed back to PRER team.</p>	S	<p>L-1</p> <p>I-3</p> <p>(3)</p>	CB
1d		<p>Inadequate internal quality assurance process for policy development</p> <p>CHRE's policy papers are poorly researched, judged and written</p> <p>Policy papers fail to promote improvement in regulatory practice</p>	<p>L-2</p> <p>I-3</p> <p>(6)</p>	<p>Policy framework approved by Council and quality assurance process is in place and active.</p> <p>Research resources improved through National Library memberships.</p>	S	<p>L-2</p> <p>I-2</p> <p>(4)</p>	CB
2a	Failure to protect the public by not following section 29 process and procedures or conducting the audit of the regulators effectively	<p>Failure to process cases quickly or according to our processes and procedures.</p> <p>Not reviewing all final FTP cases within S29 deadline with the result that appropriate cases not referred to Court.</p> <p>Failure to identify a relevant decision.</p> <p>Failing to suitably manage the relevant information</p>	<p>L-2</p> <p>I-4</p> <p>(8)</p>	<p>Robust processes and procedures are in place to enable adherence to timescales.</p> <p>Case management database regularly checked by managers.</p> <p>Process arrangements reviewed, updated and documented.</p> <p>Database being upgraded to improve efficiency.</p> <p>Scrutiny committee reviews decisions and quality controls the process</p>	I	<p>L-2</p> <p>I-2</p> <p>(4)</p>	RH

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2b		<p>Audit of initial FTP cases not completed in time to inform the performance review.</p> <p>Good practice not identified and areas of concern not highlighted.</p>	<p>L-3 I-3 (9)</p>	<p>Fitness to practise reports published.</p> <p>Good practice disseminated at seminars.</p> <p>The annual audit programme is planned and kept under review, with staff resources regularly allocated and planned through the team diary.</p>	S	<p>L-2 L-2 (4)</p>	RH
3a	Failure to manage CHRE's current and future business effectively	<p>CHRE is unable to dermine and deliver its strategic and business plans resulting in lack of confidence in the organisation by stakeholders.</p> <p>Plans developed by CHRE or demands made by Departments are unrealistic or inappropriate. Insufficient resources are available/provided to support the work programme.</p> <p>Necessary information regarding available finace and work requested is not available at the releavnt time.</p>	<p>L-3 I-4 (12)</p>	<p>Business Plan agreed by Council, the executive and its stakeholders and monitored regularly throughout the year.</p> <p>Any variance to the plans and KPIs are reported to DH and DAs and remedial action taken where possible.</p>	S	<p>L-3 I-3 (9)</p>	LA
3b		<p>Lack of proper planning and oversight or management of the budget during the year.</p> <p>CHRE does not operate within its budget and over-commits its resources which results in a qualification to the Accounts or under-commits its resources potentially resulting in a reduction in future funding.</p>	<p>L-2 I-4 (8)</p>	<p>A robust system of financial control is in place.</p> <p>Finance reports are provided to all Council meetings, to quarterly meetings with the DH and DAs and throughout the year to DH Finance.</p> <p>CHRE's finances are audited each year by internal and external auditors.</p> <p>Areas of concern regarding budget management and planning are monitored closely and remedial action taken.</p>	S	<p>L-2 I-3 (6)</p>	LA
3c		<p>Business continuity is interrupted by an unplanned/unexpected event resulting in CHRE being unable to fulfill its statutory obligations.</p> <p>Exceptionally high staff absences, or failure in building systems mean the building is uninhabitable (short or long term).</p>	<p>L-3 I-3 (9)</p>	<p>A Business Continuity Plan exists.</p> <p>BCP to be fully reviewed and updated following relocation.</p> <p>CHRE office insurance includes a disaster recovery service to relocate the office on a short-medium term basis.</p> <p>A network server is held offsite in a secure data centre and data is replicated to this daily.</p> <p>Backups are taken of the network daily and weekly tapes are held off site.</p>	D	<p>L-2 I-3 (6)</p>	LA

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3d		<p>The legislative and financial basis of the new organisation are not as well developed and robust as they could be.</p> <p>That transition funding is not sufficient or available to a suitable timetable.</p> <p>There are insufficient resources to ensure that the ongoing statutory duties are maintained while at the same time the necessary resources are available to enable timely detailed responses to be made;</p> <p>That the demands for information are overwhelming.</p>	<p>L-3 I-4 (12)</p>	<p>Management team and Council monitor and review the position regularly.</p> <p>Change Team established.</p> <p>Regular discussions held with DH and the DAs.</p>	I	<p>L-2 I-3 (6)</p>	LA
Occasional risks							
4a	Risk that government controls and the delay to the transition to the Professional Standards Authority will adversely affect operations of CHRE and/or the Authority	<p>Delays to the legislation could result in consequent delays to:</p> <ul style="list-style-type: none"> • New powers • Recruitment and staff retention • Funding • Restrictions on independent decision-making 	<p>L-4 I-4 (16)</p>	<p>Regular communication with DH</p> <p>Change team meeting regularly</p> <p>SMT monitors timetable for work</p> <p>Change Team, SMT, & Audit Committee regularly monitor risks</p>		<p>L-4 I-3 (12)</p>	SMT
4b		Failure to inform and manage the relationship with stakeholders regarding the changes to CHRE and the Bill.	<p>L-4 I-4 (16)</p>	<p>Set up briefings to regulators and others.</p> <p>Active and regular communication with regulators and other stakeholders</p>		<p>L-3 I-3 (9)</p>	SMT
4c		<p>Resources not in balance with increasing workload (e.g. addition of social work, new complaints function)</p> <p>Transition funding not in core budget</p> <p>Not being successful in obtaining funding</p>	<p>L-4 I-3 (12)</p>	<p>Business plan identifies new resources required</p> <p>SMT monitors timetable</p> <p>Separate applications for transition funding as needed</p> <p>Seek support from sponsor branch</p>		<p>L-4 I-2 (8)</p>	SMT
4d		Failure to manage external communications effectively; falling behind the pace of change could diminish our credibility and result in lack of support from stakeholders.	<p>L-4 I-4 (16)</p>	<p>Regular internal briefings so that staff can provide consistent updated message externally.</p> <p>Use professional and public stakeholder network</p>		<p>L-3 I-3 (9)</p>	CB
4e		Failure to effectively manage internal communications leading to staff being uninformed and not engaged with the transition.	<p>L-4 I-3 (12)</p>	<p>Change Team meets regularly</p> <p>All papers and work associated with Change Team are available to all staff</p> <p>Staff briefings on developing areas</p> <p>Fortnightly update e-mails sent to all staff</p>		<p>L-3 I-3 (9)</p>	SMT

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4f		Inability to control the environment in which the organisation is operating: • The timetable for commissioned work • The increase in FIP cases • Government instructions • Politics	L-3 I-5 (15)	There is regular communication with DH to try to keep appraised of changes but little opportunity to influence these Working with the regulators to monitor cases Proportionate approach to audits		L-3 I-5 (15)	SMT
4g		Failure to retain staff and the associated loss of knowledge, morale and productivity.	L-2 I-5 (10)	Policies, procedures and manuals in place Flexibility in new work arrangements Try to support and value staff despite government policies		L-2 I-4 (8)	SMT
4h		Failure to ensure that current systems are both up to date and modified to accommodate changes required for new organisation to operate effectively and efficiently	L-3 I-2 (6)	Review of all HR documents being undertaken Business continuity plan to be reviewed Finance systems and accounts to be reviewed		L-2 I-2 (4)	LA
4i		The quality of work suffers due to workload pressures as does the reputation of the organisation as a consequence of workload pressures.	L-2 I-4 (8)	SMT monitoring staff workloads Additional resources sought for additional commissions Communications strategy in place		L-3 I-2 (6)	SMT

CHRE Risk Matrix 2011-12		IMPACT →				
		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
↑ LIKELIHOOD ↓	5 Almost Certain	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possible	3	6	9	12	15
	2 Unlikely	2	4	6	8	10
	1 Rare	1	2	3	4	5

Score	Likelihood (L)	Definition	Impact (I)	Descriptor
5	Is highly likely to occur at some time in normal circumstances.	Very High >80%	Critical long term disruption to business objectives Critical reputation impact Intervention by Central Govt. Huge financial impact	Catastrophic All potential benefits lost
4	Likely to occur at some time in normal circumstances.	High 0-80%	Major disruption to business objectives High reputation impact – national press and TV coverage Minor regulatory enforcement Major financial impact	Critical Loss of 80-100% of benefits
3	Likely to occur in some circumstances or at some time.	Medium 40-60%	Noticeable disruption to business and objectives Extensive reputation impact due to press coverage External criticism likely High financial impact	Significant Loss of 50-80% of benefits
2	Is unlikely to occur in normal circumstances, but could occur at some time.	Low 20-40%	Minor disruption to internal business objectives Minor reputation impact Moderate financial loss	Marginal Loss of 25-50% of benefits
1	May only occur in exceptional circumstances, highly unlikely.	Very low <20%	Insignificant disruption to internal business Little or no loss of front line service No reputation impact	Negligible Loss of <25% of benefits

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