

No.	Risk	Strategic Objective	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Residual Grade	Controls
1	The Care Inspectorate does not have the credibility to deliver its organisational objectives	1,2,3,4,5	CE	5x5=25	VERY HIGH	2x2=4	LOW	<ul style="list-style-type: none"> <li>• Corporate Plan in place</li> <li>• Inspection Plan in place</li> <li>• Performance Monitoring Regime in place</li> <li>• Quality Assurance monitoring and management arrangements in place</li> <li>• Increasing involvement of user / carers to inform policy and practice: new Involvement Strategy in place</li> <li>• Regular sponsor/ SG/ Ministerial meetings</li> <li>• New ways of collaborative working with scrutiny partners; delivery partners; providers and umbrella groups</li> <li>• Public reporting strategy in place</li> </ul>
2	The Care Inspectorate does not have the capacity to deliver its organisational objectives	1,2,3,4,5	CE	5x5=25	VERY HIGH	2x2=4	LOW	<ul style="list-style-type: none"> <li>• Organisational development plan in place</li> <li>• Staff Performance review system in place</li> <li>• Workforce plan in place</li> <li>• Performance monitoring and management arrangements in place</li> <li>• Directorate planning underway</li> <li>• Programme Board in place to monitor and execute governance of change programmes</li> <li>• Clear objectives set and monitored</li> <li>• Learning and development investment for all staff</li> <li>• Partnership Forum operating collaboratively and effectively</li> <li>• Effective change management regime</li> </ul>

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3	The Care Inspectorate's partnership / collaborative working is not able to support its methodology with a resulting impact on delivering objectives	1,2,4,6	DoSD	5x5=25	VERY HIGH	2x4=8	MED	<ul style="list-style-type: none"> <li>• MOUs and information sharing protocols</li> <li>• Partners involved in new scrutiny methodology development – practitioner advisory groups, joint staff development days</li> <li>• Chair sits on partner scrutiny bodies board – HIS and SSSC</li> <li>• Joint Exec Team meetings – HIS and SSSC</li> <li>• Strategic Group meetings – Education Scotland, HMICS</li> <li>• Joint consultation and stakeholder events</li> <li>• Joint Board events</li> <li>• Chief Exec sits on Strategic Scrutiny Group</li> <li>• National Scrutiny Plan agreed between all partners</li> <li>• Aligned corporate and financial objectives</li> <li>• Cross Govt policy liaison and sponsor branch relationships</li> <li>• Quality conversation forums with providers</li> <li>• Collaborative approach to the Review of National Care Standards</li> <li>• Consultation with service providers on changes to CI scrutiny or business activities</li> <li>• Contact manager and Link inspector liaison support</li> </ul>

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4	The Care Inspectorate does not have the resources to support its Corporate Plan with a resulting impact on delivering objectives	6	DoCS	5x5=25	VERY HIGH	2x4=8	MED	<ul style="list-style-type: none"> <li>• Liaison with SG Sponsor Team</li> <li>• Financial modelling</li> <li>• Budget Development / sign off process</li> <li>• Flexible resourcing strategies in support services</li> <li>• Centralised oversight of inspection planning and workload allocation</li> <li>• Best Value programme</li> <li>• Benchmarking</li> </ul>
5	Changes in the political environment lead to a failure in the ability of the Care Inspectorate to deliver its objectives	1,2,3	DoSD	5x5=25	VERY HIGH	2x4=8	MED	<ul style="list-style-type: none"> <li>• Participation in all relevant strategic policy and operational groups to influence national policy development</li> <li>• Liaison with SG Sponsor Team</li> <li>• Corporate and Inspection plans developed to reflect policy interests, coordinated with other scrutiny partners and signed off by Ministers</li> <li>• National scrutiny planning</li> <li>• MP/MSP/cross policy/Parliamentary briefings</li> <li>• CI Board strategic development/ briefing events</li> <li>• Attendance / speaking at / hosting conferences</li> <li>• Consultation responses and advice</li> <li>• Expert groups established to support and inform national policy development</li> <li>• Policy horizon scanning</li> </ul>

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6	The legislative / regulatory environment may inhibit innovation and detract from the need to focus on outcomes for vulnerable people	1,2,3	DoSD	4x4=16	HIGH	3x3=9	MED	<ul style="list-style-type: none"> <li>• Key developments in scrutiny, inspection and regulation are tracked and influenced by relevant senior staff in the Care Inspectorate</li> <li>• Influence, advice and intelligence are used to ensure that the future landscape for scrutiny in Scotland is fit for purpose</li> <li>• Senior staff and the Board ensure that we have influence in and early sight of any changes to scrutiny and that we are able to adapt to meet these changes</li> <li>• Increasing involvement of service users and carers to inform legislative, policy and practice changes The strategy for communication and the strategy for quality improvement will ensure that the organisation is fit for (changing) purpose and has improved capacity for change</li> <li>• Restrictive legislation is flagged to SG legal advisors and the CI works with them to effect changes to such.</li> </ul>
7	A serious internal failure in our quality assurance regime happens with a consequential reputational impact	1,6	DoI	4x4=16	HIGH	2x3=6	MED	<ul style="list-style-type: none"> <li>• Quality Assurance Framework and appropriate monitoring and testing</li> <li>• Intelligence and Risk Framework</li> <li>• KPI's</li> <li>• QI's /MMs</li> <li>• Business Continuity/Disaster Recovery Planning</li> <li>• Internal and External Audit</li> </ul>

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8	The Board has gaps or inadequate coverage in its Corporate Governance arrangements	6	DoCS	3x4=12	HIGH	2x3=6	MED	<ul style="list-style-type: none"> <li>• Regular Review of the Code of Corporate Governance incorporating :policies, disclosure arrangements, strategies and planning/ performance management systems</li> <li>• Annual Review of Board and Committee effectiveness</li> <li>• On-Board induction training for Members</li> <li>• Chair’s performance appraisal of members</li> <li>• Development Programme</li> <li>• Internal and External Audit</li> <li>• Risk Register Review and embedding of risk management</li> </ul>