



**Policy Advisory Committee
12 June 2018
Risk Register**

Classification	Public
Purpose	For discussion
Issue	This paper presents the GOC's Business Plan Risk Assessment for the Committee's consideration.
Recommendation	To consider the content of the report.
Financial and resourcing implications	None
Equality and diversity implications	None
Communications implications	None
Annex	Business Plan Risk Assessment
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Background

1. The GOsC operates a Risk Register which includes the following components:
 - a. A 'Current Key Risks' document which is presented to Council twice yearly in private session to ensure that there is candid discussion of the most significant current risks facing the organisation.
 - b. A 'Business Plan Risk Assessment' which is presented to Council annually as part of the business planning cycle.
 - c. A 'Risk Assurance Map' which is a tool for the Audit Committee to use as part of its internal audit planning role, but which is also considered by Council as part of the three-yearly Corporate Strategy development cycle.
2. In addition, the Audit Committee sees all three of these documents at all of its meetings.

Discussion

3. At a previous meeting it was agreed that it would be helpful for the Committee to consider the Business Plan Risk Assessment, particularly as this document records where the Committee has an assurance role in relation to particular strands of the organisation's activities.
4. The Business Plan Risk Assessment can be found at the Annex to this report.
5. The Committee is asked to review the Business Plan Risk Assessment and seek any additional assurance they require on any matters it contains. It is open to the Committee to request the Executive to report on specific items at future meetings if they believe this would be helpful.

Recommendation: to consider the content of the report.

Risk register – March 2018

Part 2 – Business Plan Risk Assessment

The Business Plan Risk Assessment seeks to identify the risk rating, mitigating actions and assurance mechanisms across the agreed work streams of the business plan, n.b. risks under 1.1 CPD are drawn from the current project risk log for 2018-19.

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
1.1 Continuing professional development	<ul style="list-style-type: none"> Project delivery and resourcing risks 	Internal	2x2=M		<ul style="list-style-type: none"> Project planning documentation Project governance structure Provision for external IT expertise Use of reserves for set up costs Budget strategy and reserves policy 	<ul style="list-style-type: none"> PAC and Council oversight of CPD process Council and Audit Committee oversight of financial aspects
	<ul style="list-style-type: none"> Registrants fail to engage with proposed process and profession lacks capacity to implement new proposals 	External	2x2=M		<ul style="list-style-type: none"> Communication and engagement activity Early adopter programme Engagement with stakeholders and Partnership Group Evaluation surveys 	<ul style="list-style-type: none"> PAC and Council oversight of CPD process
1.2 Education and training	<ul style="list-style-type: none"> Quality of initial education and training falls below required standards 	External	1x2=L	✓	<ul style="list-style-type: none"> Quality Assurance process/QAA contract Training and appraisal of Visitors Ongoing engagement with OEIs 	<ul style="list-style-type: none"> PAC oversight of QA reports and Annual Reports PAC biannual review of QAA process
	<ul style="list-style-type: none"> OEI graduates do not exhibit appropriate behaviours and values 	External	2x2=M		<ul style="list-style-type: none"> Boundaries review and research Engagement with students and faculty on professionalism Ongoing engagement with OEIs 	<ul style="list-style-type: none"> PAC oversight of activity
	<ul style="list-style-type: none"> Course or institution ceases to function 	External	3x1=M		<ul style="list-style-type: none"> Ongoing engagement with OEIs to alert us to possibility and to put in place plans to move students if necessary 	<ul style="list-style-type: none"> PAC oversight of Annual Reports and relationships with OEIs
1.3 Fitness to practise	<ul style="list-style-type: none"> Legal challenges to FtP and/or registration processes 	External	3x1=M	✓	<ul style="list-style-type: none"> Quality assurance process Training for non-execs and staff Regulation and Registration manuals 	<ul style="list-style-type: none"> Council oversight of Regulation and registration reports

Annex to 10

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
					<ul style="list-style-type: none"> FtP and registration reports to Council 	<ul style="list-style-type: none"> PSA audits
	<ul style="list-style-type: none"> Loss of confidence in FtP processes 	External	1x3=M	✓	<ul style="list-style-type: none"> Quality assurance process Training for non-execs and staff Performance management of panellists and Legal Assessors 	<ul style="list-style-type: none"> Council oversight of Regulation and registration reports PSA audits
	<ul style="list-style-type: none"> Complaint progression is not effective or timely 	Internal	2x2=M	✓	<ul style="list-style-type: none"> Quality Assurance process Regulation and registration manuals FtP and Registration reports to Council Ongoing process improvement work 	<ul style="list-style-type: none"> Council oversight of Regulation and registration reports
	<ul style="list-style-type: none"> Complaint volumes and complexity exceed resource capacity 	External/Internal	2x2=M	✓	<ul style="list-style-type: none"> Financial reserves available to meet any surge or staffing shortages 	<ul style="list-style-type: none"> Council and Audit Committee oversight
1.4 Registration	<ul style="list-style-type: none"> Registration data is inaccurate or individuals are wrongly registered 	Internal	1x2=L	✓	<ul style="list-style-type: none"> Registration manual Good character assessment framework Data quality checks Improvements to online tools 	<ul style="list-style-type: none"> PAC and Council oversight of activity
	<ul style="list-style-type: none"> Register is not effectively used by patients or promoted by registrants 	External	2x1=L		<ul style="list-style-type: none"> Promoting your registration activity 	<ul style="list-style-type: none"> Council oversight via Communications Annual Report
	<ul style="list-style-type: none"> Illegal practice goes unchecked or increases 	Internal	1x2=L	✓	<ul style="list-style-type: none"> S32 enforcement policy Publicity around prosecutions Post-removal website checks 	<ul style="list-style-type: none"> Council oversight of Regulation reports
	<ul style="list-style-type: none"> Registration assessments do not prevent registration of ineligible applicants 	Internal	1x2=L	✓	<ul style="list-style-type: none"> Training and appraisal of assessors Moderation meetings with GOsC staff 	<ul style="list-style-type: none"> PAC member appraisal of assessors
1.5 Patient involvement and engagement	<ul style="list-style-type: none"> Insufficient interest from patients to sustain Patient Partnership Group 	External	1x2=L		<ul style="list-style-type: none"> Continuing promotion and engagement with new patients groups and promotion of PPG through osteopathic practices 	<ul style="list-style-type: none"> Oversight by Council
	<ul style="list-style-type: none"> Insufficient patient input to policy making 	External/Internal	1x2=L		<ul style="list-style-type: none"> Effective use of a range of channels for seeking patient input to processes 	<ul style="list-style-type: none"> PAC and Council oversight

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Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
2.1 Standards and professionalism	• Registrants fail to engage with standards	External	2x2=M	✓	<ul style="list-style-type: none"> • Communication and engagement activity • Provision of learning resources • Continuing fitness to practise development • Values work 	• PAC and Council oversight
	• Inadequate resources available for revised OPS roll-out	Internal	2x1=L		<ul style="list-style-type: none"> • Strengthened communications team • OPS Working Group 	• Council and PAC oversight
2.2 Capacity building	• Partners unable to commit to required work or disengage with process	External	2x1=L		<ul style="list-style-type: none"> • Engagement with partners 	• Council oversight of ODG activity
	• Inadequate resources available for current and future work	External/Internal	1x1=L		<ul style="list-style-type: none"> • Budget strategy and reserves policy • Engagement with partners 	• Council oversight of ODG activity
2.3 Research, practice and regulation	• Inadequate resources available for current and future work	Internal	2x1=L		<ul style="list-style-type: none"> • Budget strategy and reserves policy • Engagement and joint work with other regulators and researchers 	• Council oversight
3.1 Service quality and engagement	• Loss of confidence in quality of service provision	External	1x3=M	✓	<ul style="list-style-type: none"> • Service standards and monitoring • User surveys 	• Council oversight
	• Operational activities subject to legal challenge	External	3x1=M	✓	<ul style="list-style-type: none"> • Quality assurance process • Regulation and Registration manuals 	<ul style="list-style-type: none"> • PAC and Council oversight • PSA audits
	• Stakeholders fail to engage with activity	External	2x2=M		<ul style="list-style-type: none"> • Communication and Engagement Strategy 	• Council oversight
	• Inadequate resources available for current and future work	Internal	1x1=L		<ul style="list-style-type: none"> • Budget strategy and reserves policy 	• Council oversight
	• Increased requirements for Welsh language activity	External	1x3=M		<ul style="list-style-type: none"> • Engagement with Welsh Government on costs and proportionality 	• Council oversight
3.2 Economy, efficiency and	• Poor control of costs resulting in fee	Internal	1x3=M	✓	<ul style="list-style-type: none"> • Procurement rules and monitoring processes 	<ul style="list-style-type: none"> • Council oversight • Audit Committee

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effectiveness	increases				<ul style="list-style-type: none"> Quarterly financial updates 	<ul style="list-style-type: none"> Publication of contract data
	<ul style="list-style-type: none"> Loss of confidence in financial management 	Internal	1x2=L	✓	<ul style="list-style-type: none"> Internal financial controls Quarterly financial updates Audit process Training for SMT members 	<ul style="list-style-type: none"> External annual audit/Audit Findings Report Audit Committee
	<ul style="list-style-type: none"> Failure of IT infrastructure 	External	1x3=M	✓	<ul style="list-style-type: none"> SLAs with IT providers and regular review meetings Maintenance and service contracts Business continuity planning IT Audit action plan In-house resource created 	<ul style="list-style-type: none"> Audit Committee oversight Council oversight
	<ul style="list-style-type: none"> Business continuity failure (non-IT) 	External	1x3=M	✓	<ul style="list-style-type: none"> Business continuity planning Maintenance and service activities 	<ul style="list-style-type: none"> Council oversight Audit Committee oversight
3.3 Governance	<ul style="list-style-type: none"> Governance processes subject to legal challenge or complaints 	External	2x2=M	✓	<ul style="list-style-type: none"> Governance handbook and policies/review Appointment processes Induction and training Council review of performance 	<ul style="list-style-type: none"> RaAC oversight Council oversight PSA oversight
	<ul style="list-style-type: none"> Loss of confidence in work of the GOsC 	External	1x3=M	✓	<ul style="list-style-type: none"> Performance evaluation Engagement with registrants 	<ul style="list-style-type: none"> Council oversight PSA Performance Review
	<ul style="list-style-type: none"> Breakdown in internal financial controls 	Internal	1x2=L	✓	<ul style="list-style-type: none"> Internal financial controls Information governance framework 	<ul style="list-style-type: none"> External annual audit/Audit Findings Report Audit Committee oversight
	<ul style="list-style-type: none"> Failure to meet Equality Act, Welsh Language Act or employment duties 	Internal	1x2=L	✓	<ul style="list-style-type: none"> Equality and diversity policy and plan Dedicated HR resource and staff handbook Training programme for managers Engagement with Welsh Language Commissioner Health and Safety Audit action plan 	<ul style="list-style-type: none"> Council oversight of equality and diversity policy Council oversight of Welsh Language Act requirements RaAC oversight of HR policies
	<ul style="list-style-type: none"> Adverse audit or Performance Review report from PSA 	External	1x3=M	✓	<ul style="list-style-type: none"> Established internal Performance Review processes Internal audits of fitness to practise 	<ul style="list-style-type: none"> Council and Audit Committee oversight of reports/ action plans

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	<ul style="list-style-type: none"> Failure to deal effectively with information governance requirements/implementation GDPR requirements 	Internal	2x2=M	✓	<ul style="list-style-type: none"> Information governance framework and audits Training for staff Non-executive briefings GDPR readiness audit undertaken Chief Executive leading on implementation 	<ul style="list-style-type: none"> Audit Committee and Council oversight
	<ul style="list-style-type: none"> Uncertainty arising from Brexit 	External	3x1=M		<ul style="list-style-type: none"> Engagement with Department of Health and other regulators 	<ul style="list-style-type: none"> Council oversight

Risk ratings

Likelihood		Impact	
1	Less likely than not to occur or not expected to occur	1	Single area of business subject to disruption
2	May or may not occur	2	Disruption to whole business or single area unable to function effectively
3	Expected to occur or more likely than not to occur	3	Whole business unable to function effectively

Risk level score (Likelihood x Impact)	Overall risk rating
1-2	Low
3-4	Medium
6-9	High