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**Integration Joint Board**  
**18 March 2021**  
**Agenda Item No.**

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**Subject:** **Strategic Risk Register**

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**Purpose:** To present the updated IJB Strategic Risk Register for consideration and approval.

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**Recommendation:** To approve the updated IJB Strategic Risk Register

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<b>Glossary of Terms</b>	
IJB	Integrated Joint Board
NHS	National Health Service
PAC	Performance Audit Committee
PSMT	Partnership Senior Management Team

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report provides an update on the strategic risk register, to ensuring the IJB are proactive in identifying and managing the risks to the successful delivery of our Strategic Plan.
<b>2.</b>	<b>BACKGROUND</b>
2.1	A Strategic Risk Register is a requirement of the Clinical and Care Governance Framework and as part of our Risk Management Strategy, which was approved by the Performance and Audit Committee in June 2019.
2.2	The review focussed on updating previous risks and identifying new risks. The remaining previous risks have been updated to reflect any additional mitigating action and reassessed on that basis.
2.3	The actions required to manage and control the risks have been identified and they will be subject to ongoing monitoring and review by the PSMT with an update to be reported to the Performance and Audit Committee.
2.4	There are 9 risks noted on the Strategic Risk Register, a number of these graded as high risk. While there are a number of controls and mitigations in place there may be further actions required to reduce the risks further in line with the level of risk tolerance. The current Strategic Risk Register is included as Appendix A.

There are 9 risks detailed on the Strategic Risk Register, these are summarised below:

Ref	Title	Gross Risk (score pending further controls)	Residual Risk (score after further controls)
SRR01	Financial Sustainability	15 High	12 High
SRR02	Infrastructure (ICT Integration)	12 High	9 Moderate
SRR03	Culture and Practice	12 High	9 Moderate
SRR04	Transformational Change Programme	9 Moderate	6 Moderate
SRR05	Governance	9 Moderate	6 Moderate
SRR06	Demography and Inequality Pressures	12 High	9 Moderate
SRR07	Workforce	12 High	9 Moderate
SRR08	Scottish Government Policies	16 High	12 High
SRR09	Covid-19 Recovery	20 Very High	15 High

2.5 The scoring of the risks is based the severity of the risk multiplied by the likelihood of it happening. Background to this is given in the extract of the approved risk management strategy in Appendix B.

2.6 The operational risks of the partnership are regularly reviewed and considered at service management meetings. The Clinical and Care Governance Group is responsible for the oversight of operational risks within the partnership. The Group consider any High or Very High risks (as defined by the approved risk management strategy) and if required escalate these to the Partnership Senior Management Team (PSMT) for consideration for inclusion on the Strategic Risk Register.

There are no operational risks to be escalated to the Strategic Risk Register.

### 3. PROPOSALS

3.1 It is proposed to approve the risk register detailed in Appendix A including the action required to manage, mitigate and control the risks.

#### 3.2 Anticipated Outcomes

Risk management is an integral part of governance and it is essential that the IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of services.

#### 3.3 Measuring Impact

	The risk register will be monitored with the individual risk owners being responsible for keeping the register up to date under the overview of the Principal Manager – Finance.
3.2	It is recommended that risk assessments be reviewed on an annual basis as a minimum. The register will be monitored by PAC to ensure the actions required to manage and control the risk are being progressed, with updates provided to the IJB and PAC at least annually.
<b>4.</b>	<b>IMPLICATIONS</b>

<b>Financial :</b>	None
<b>Human Resources :</b>	None
<b>Legal :</b>	None
<b>Equality :</b>	None
<b>Environmental &amp; Sustainability :</b>	None
<b>Key Priorities :</b>	Appropriate and effective risk management practice will deliver better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.
<b>Risk Implications :</b>	The risk management approach is crucial to ensuring the IJB are able to meet strategic objectives.
<b>Community Benefits :</b>	None

<b>Direction Required to Council, Health Board or Both</b> <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>5.</b>	<b>CONSULTATION</b>
5.1	The Strategic Risk Register has undergone a significant review to establish the critical risks to delivering on the strategic objectives, particularly to take into consideration the Covid impact and risks. The strategic risks have been reviewed and agreed by the PSMT.
<b>6.</b>	<b>CONCLUSION</b>
6.1	That the IJB approve the strategic risk register including the actions identified to manage and control the risks.

For more information please contact Eleanor Currie, Interim S95 Officer at [Eleanorcurrie@north-ayrshire.gov.uk](mailto:Eleanorcurrie@north-ayrshire.gov.uk)

# Appendix A

## Strategic Risk Register

### Glossary of Terms

Term	Definition	Term	Definition
<b>NAHSCP</b>	North Ayrshire Health and Social Care Partnership	<b>ARG</b>	Allocation of Resources Group
<b>SAHSCP</b>	South Ayrshire Health and Social Care Partnership	<b>ICT</b>	Information and Computer Technology
<b>EAHSCP</b>	East Ayrshire Health and Social Care Partnership	<b>MDTs</b>	Multi-Disciplinary Teams
<b>NHS/ NHS AAA</b>	NHS Ayrshire & Arran	<b>EKSF</b>	Electronic Knowledge and Skills Framework
<b>MTFP</b>	Medium Term Financial Plan	<b>TURAS</b>	Training Management System
<b>CRES</b>	Cash Releasing Efficiency Savings	<b>SPOG</b>	Strategic Planning Officers Group
<b>LD</b>	Learning Disability	<b>ICF</b>	Integrated Care Fund
<b>IJB</b>	Integrated Joint Board	<b>RMP</b>	Records Management Plan
<b>PSMT</b>	Partnership Senior Management Team	<b>CPAG</b>	Child Poverty Action Group
<b>NAC</b>	North Ayrshire Council		

# **Appendix B**

**Extract from the Risk Strategy on Risk Scoring**

**SEVERITY CONSEQUENCE MATRIX - Description and definition of the CONSEQUENCE / IMPACT of the risk should it occur (these are a guide)**

“Domains”	Severity				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and projects	<ul style="list-style-type: none"> <li>Barely noticeable reduction in scope / quality / schedule</li> </ul>	<ul style="list-style-type: none"> <li>Minor reduction in scope / quality / schedule</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in scope or quality, project objectives or schedule.</li> </ul>	<ul style="list-style-type: none"> <li>Significant reduction in ability to meet project objectives or schedule.</li> </ul>	<ul style="list-style-type: none"> <li>Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.</li> </ul>
Injury (physical and psychological) to patients/staff.	<ul style="list-style-type: none"> <li>Adverse event leading to minor injury not requiring first aid.</li> </ul>	<ul style="list-style-type: none"> <li>Minor injury or illness, first-aid treatment needed. No staff absence required.</li> </ul>	<ul style="list-style-type: none"> <li>Significant injury requiring medical treatment and/or counselling.</li> </ul>	<ul style="list-style-type: none"> <li>Major injuries or long term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling.</li> </ul>	<ul style="list-style-type: none"> <li>Incident leading to death or major permanent incapacity.</li> </ul>
Patient experience / outcome	<ul style="list-style-type: none"> <li>Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.</li> </ul>	<ul style="list-style-type: none"> <li>Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable</li> </ul>	<ul style="list-style-type: none"> <li>Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery &lt; 1Wk</li> </ul>	<ul style="list-style-type: none"> <li>Unsatisfactory patient experience / clinical outcome, long term effects - expect recovery &gt; 1Wk</li> </ul>	<ul style="list-style-type: none"> <li>Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.</li> </ul>
Complaints / claims	<ul style="list-style-type: none"> <li>Locally resolved complaint</li> </ul>	<ul style="list-style-type: none"> <li>Justified complaint peripheral to clinical care</li> </ul>	<ul style="list-style-type: none"> <li>Below excess claim.</li> <li>Justified complaint involving lack of appropriate care.</li> </ul>	<ul style="list-style-type: none"> <li>Claim above excess level.</li> <li>Multiple justified complaints.</li> </ul>	<ul style="list-style-type: none"> <li>Multiple claims or single major claim.</li> </ul>
Staffing and competence	<ul style="list-style-type: none"> <li>Short term low staffing level (&lt; 1 day), where there is no disruption to patient care.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing low staffing level results in minor reduction in quality of patient care</li> </ul>	<ul style="list-style-type: none"> <li>Late delivery of key objective / service due to lack of staff.</li> <li>Moderate error due to ineffective training /</li> </ul>	<ul style="list-style-type: none"> <li>Uncertain delivery of key objective / service due to lack of staff.</li> <li>Major error due to ineffective training /</li> </ul>	<ul style="list-style-type: none"> <li>Non delivery of key objective / service due to lack of staff.</li> <li>Loss of key staff.</li> </ul>

		<ul style="list-style-type: none"> <li>Minor error due to ineffective training / implementation of training.</li> </ul>	<ul style="list-style-type: none"> <li>implementation of training.</li> <li>Ongoing problems with staffing levels</li> </ul>	<ul style="list-style-type: none"> <li>implementation of training.</li> </ul>	<ul style="list-style-type: none"> <li>Critical error due to insufficient training / implementation of training.</li> </ul>
Service / business interruption	<ul style="list-style-type: none"> <li>Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service</li> </ul>	<ul style="list-style-type: none"> <li>Short term disruption to service with minor impact on patient care.</li> </ul>	<ul style="list-style-type: none"> <li>Some disruption in service with unacceptable impact on patient care.</li> <li>Temporary loss of ability to provide service.</li> </ul>	<ul style="list-style-type: none"> <li>Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.</li> </ul>	<ul style="list-style-type: none"> <li>Permanent loss of core service or facility.</li> <li>Disruption to facility leading to significant “knock on” effect.</li> </ul>
Financial	<ul style="list-style-type: none"> <li>Negligible organisational financial loss (£&lt; 1k).</li> </ul>	<ul style="list-style-type: none"> <li>Minor organisational financial loss (£1-10k).</li> </ul>	<ul style="list-style-type: none"> <li>Significant organisational financial loss (£10-100k).</li> </ul>	<ul style="list-style-type: none"> <li>Major organisational financial loss (£100k-1m).</li> </ul>	<ul style="list-style-type: none"> <li>Severe organisational financial loss (£&gt;1m).</li> </ul>
Inspection / assessment / audit	<ul style="list-style-type: none"> <li>Small number of recommendations which focus on minor quality improvement issues.</li> </ul>	<ul style="list-style-type: none"> <li>Minor recommendations made which can be addressed by low level of management action.</li> </ul>	<ul style="list-style-type: none"> <li>Challenging recommendations but can be addressed with appropriate action plan.</li> </ul>	<ul style="list-style-type: none"> <li>Enforcement Action.</li> <li>Low rating.</li> <li>Critical report.</li> </ul>	<ul style="list-style-type: none"> <li>Prosecution.</li> <li>Zero Rating.</li> <li>Severely critical report.</li> </ul>
Adverse publicity / reputation	<ul style="list-style-type: none"> <li>No media coverage, little effect on staff morale.</li> </ul>	<ul style="list-style-type: none"> <li>Local Media – short term.</li> <li>Minor effect on staff morale / public attitudes.</li> </ul>	<ul style="list-style-type: none"> <li>Local Media – long term.</li> <li>Impact on staff morale and public perception of the organisation.</li> </ul>	<ul style="list-style-type: none"> <li>National Media (&lt; 3 days).</li> <li>Public confidence in the organisation undermined.</li> <li>Usage of services affected.</li> </ul>	<ul style="list-style-type: none"> <li>National Media (&gt; 3 days).</li> <li>MP / MSP Concern (Questions in Parliament).</li> </ul>
Organisational / Personal Security, and Equipment	<ul style="list-style-type: none"> <li>Damage, loss, theft (£&lt; 1k).</li> </ul>	<ul style="list-style-type: none"> <li>Damage, loss, theft (£1-10k).</li> </ul>	<ul style="list-style-type: none"> <li>Damage, loss, theft (£10-100k).</li> </ul>	<ul style="list-style-type: none"> <li>Damage, loss, theft (£100k-1m).</li> </ul>	<ul style="list-style-type: none"> <li>Damage, loss, theft (£&gt;1m).</li> </ul>

	<b>1 Remote</b>	<b>2 Unlikely</b>	<b>3 Possible</b>	<b>4 Likely</b>	<b>5 Almost Certain</b>
Probability	<ul style="list-style-type: none"> <li>Will only occur in exceptional circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>Unlikely to occur but definite potential exists.</li> </ul>	<ul style="list-style-type: none"> <li>Reasonable chance of occurring – has happened before on occasions.</li> </ul>	<ul style="list-style-type: none"> <li>Likely to occur – strong possibility.</li> </ul>	<ul style="list-style-type: none"> <li>The event will occur in most circumstances.</li> </ul>

## Risk Rating

LIKELIHOOD	SEVERITY				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
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 Remote	1	2	3	4	5

Level of Risk	Risk	How the risk should be managed
<b>Very High</b> (20-25)	Immediate Action Required Intolerable	Requires active management to manage down and maintain the exposure at an acceptable level. Escalate upwards. The activity or process should not be started or allowed to continue until the risk level has been reduced. While the control measures selected should be cost-effective, legally there is an absolute duty to reduce the risk. Review every 3 months.
<b>High</b> (10-16)	Immediate Action Required Unacceptable	Contingency plans may suffice together with early warning mechanisms to detect any deviation from the profile. Escalate upwards. If a new activity or process, it should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves an existing activity or process, the problem should normally be remedied within one to three months. Review every 6 months.
<b>Moderate</b> (4-9)	Action Required	Efforts should be made to reduce the risk, but the cost of reduction should be carefully measured and limited. Risk reduction measures should normally be implemented within three to six months. Re-assess frequently
<b>Low</b> (1-3)	Acceptable	No further preventative action is necessary, but consideration should be given to more cost-effective solutions or improvements that impose no additional cost burden. Monitoring is required to ensure that the controls are maintained. Review periodically to ensure conditions have not changed.

Risk Ref	Description of Risk	Risk Owner	Previous Score	Gross Risk				Mitigations/Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite	Proposed New Control Measures
				Severity	Probability	Score	Rating			Severity	Probability	Score	Rating		
SSR01	<b>Financial Sustainability</b> - financial failure from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives. Overall risk of budget not being aligned to delivering financial balance whilst delivering on strategic outcomes. This may lead to service user assessed needs being unmet, inability to deliver on the Strategic Plan, with a reduction in performance, progress not being made with national targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes that are not in line with the strategic objectives.	Chief Finance Officer	n/a	5	3	15	High	<ul style="list-style-type: none"> <li>* IJB actively monitors the partnership financial position.</li> <li>* Directors of Finance of the Council and Health Board have oversight.</li> <li>* Regular updates are provided to the Council's Cabinet and Audit and Scrutiny Committee.</li> <li>* A Chief Finance and Transformation Officer is in place within the HSCP to support delivery of transformation at scale and pace.</li> <li>* A Medium-Term Financial Plan has been developed and is being refreshed.</li> <li>* Transformation Board overseeing the programme of service re-design.</li> <li>* Council's budget has £1.5m earmarked to support repayment of the outstanding debt (currently £5.3m).</li> <li>* Integrated approach to managing totality of NHS and LA resources delegated to the IJB.</li> <li>* Robust processes for monitoring projects and the monthly financial position ensuring financial projections can inform any correction action</li> <li>* Financial returns are submitted to the Scottish Government on a regular basis.</li> <li>* Significant funding for IJBs for Covid response, supported by regular returns to SG</li> <li>* Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB.</li> <li>* A Chief Finance and Transformation Officer is in place within the HSCP to support delivery of transformation at scale and pace.</li> <li>* Significant funding for IJBs for Covid response, supported by regular returns to SG</li> <li>* Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB.</li> <li>* Focus on accuracy of data used to inform financial projections alongside regular review of waiting lists and approval processes.</li> <li>* Approach to implementing Financial Recovery Plan in recent years has proven effective to mitigate in-year overspends.</li> </ul>	n/a	4	3	12	High	Treat	<ul style="list-style-type: none"> <li>* 3 year medium term financial plan developed to sit alongside next iteration of Strategic Plan</li> <li>* Continue to actively managing the demand for services using professional judgement to determine when care is provided</li> <li>* Longer term financial strategy to be developed alongside transformation plans</li> </ul>
SSR02	<b>Infrastructure - ICT System Integration</b> - lack of an integrated IT system to meet the needs of NAHSCP leading to non-robust and inefficient information recording and sharing resulting in inefficient business models, duplication of effort, inaccurate or lack of data on service demand and delivery and risk to service users, patients and staff.	Chief Finance Officer	12	4	3	12	High	<ul style="list-style-type: none"> <li>* Some pockets of agile and remote working have been implemented and work continues to roll these initiatives out to improve efficiency.</li> <li>* Access to systems can be requested to allow NHS-Partnership staff access to NAC systems, and NAC-Partnership staff access of NHS systems.</li> <li>* Work has progressed to reduce the number of MH ancillary recording systems and consolidate data on centralised systems.</li> <li>* Working from home has accelerated the use of technology with more business being conducted via MS Teams.</li> <li>* HSCP systems and performance team supporting work across the partnership and progressing developments and issues with systems</li> </ul>	9	3	3	9	Moderate	Tolerate	<ul style="list-style-type: none"> <li>* Develop strategic direction with NHSAAA, EAHSCP and SAHSCP.</li> <li>* Ensure that there are local arrangements in place to manage local risk.</li> <li>* NHSAAA are undertaking a review of all MS Access databases in use for removal to centralised systems.</li> <li>* Replacement of the current social care system will include consideration of functionality which will support health service data requirements</li> </ul>
SSR03	<b>Culture and Practice</b> - Failure to embed the appropriate culture, standards and positive behaviours of staff across the HSCP leading to failure in transforming the way we work resulting in not achieving the required changes to move services forward.	Chief Social Work Officer and Associate Nursing Director	12	4	3	12	High	<ul style="list-style-type: none"> <li>* The majority of staff took part in the 'Thinking Different, Doing Better' sessions which focused on self-management, familial support, community support and sign-posting to non-statutory alternatives, this also included staff having opportunity to feed back</li> <li>* Involvement of staff in every individual change programme will be actively encouraged and clearly defined benefits will be outlined and promoted throughout change programme.</li> <li>* The organisational development strategy is being implemented across the Partnership (e.g. supporting the development of multi-disciplinary team working and service review support).</li> <li>* PPD and TURAS is undertaken with all individual staff on an annual basis.</li> </ul>	9	3	3	9	Moderate	Treat	<ul style="list-style-type: none"> <li>* Continue to introduce different ways of working including MDTs</li> <li>* Individuals and teams will be supported to change the way in which they assess, treat, and care for and support individuals (Realistic Care) to ensure increased levels of self-management, choice and control.</li> <li>* With the evolution of fully integrated, multi-disciplinary teams at the heart of this work, it will be important to ensure that staff and managers from directly provided services, as well as from the third and independent sectors have the opportunity to participate in regular inter-disciplinary training and peer support networks to share learning and good practice.</li> </ul>
SSR04	<b>Transformational Change Programme</b> - failure to deliver transformational change impacting on financial sustainability, effectiveness of service delivery alongside negative impact on individual's outcomes through a failure to modernise services to meet current and future demands.	Chief Officer	9	3	3	9	Moderate	<ul style="list-style-type: none"> <li>* NAHSCP Transformation Board for oversight of programme development and delivery.</li> <li>* Reporting to NAHSCP Integration Joint Board, NHSAA Performance Governance Committee which has oversight on behalf of the NHS Board and NAC Extended Leadership Team.</li> <li>* Pan Ayrshire SPOG, NHSAA, NAC Scrutiny Groups &amp; Staff Partnership Forum review and professionally challenge business plans</li> <li>* Scheduled meetings with Planning Managers to ensure effective communication throughout the change process on a 6 weekly basis.</li> <li>* Cross fertilisation and knowledge transfer of Planning Managers.</li> <li>* Development of Transformation Board risk register to manage risks associated with Programme change strands.</li> <li>* Alignment of service change/transformation plans to Strategic Plan priorities</li> <li>* Delivery Plans developed for each programme which identifies specific requirements for the successful delivery of each area, triggers exception reports to report when plans are not on track</li> </ul>	6	3	2	6	Moderate	Treat	<ul style="list-style-type: none"> <li>* Raising awareness of Programme within the three parent organisations (including elected members and board members) via established reporting arrangements</li> <li>* SPOG review of business cases prior to formal submission to corporate parents to highlight negative aspects</li> <li>* Alignment of plans to Covid recovery</li> <li>* Development of full operational Workforce Plan to sit alongside plans</li> </ul>

Risk Ref	Description of Risk	Risk Owner	Previous Score	Gross Risk				Mitigations/Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite	Proposed New Control Measures
				Severity	Probability	Score	Rating			Severity	Probability	Score	Rating		
SSR05	<b>Governance</b> - IJB governance arrangements are not conducive to effective working and decision making, Leading to a lack of confidence in the IJB and reputational damage. Failure to comply with governance requirements such as Freedom of Information, Complaints and other regulations laid down within the Public Bodies (Scotland) Act. This could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution.	Chief Officer	9	3	3	9	Moderate	<ul style="list-style-type: none"> <li>* Appropriate arrangements in place for representation at the IJB and sub-committees</li> <li>* Integration Scheme, Strategic Plan, Standing Orders and Code of Conduct in place</li> <li>* Policies and procedures developed and in place for each function including Complaints, FOIs/Adverse Events for both HSCP and IJB.</li> <li>* HSCP Governance Team in place, including Governance Assistants for FOI and AERG processes.</li> <li>* Operational Governance / Delivery groups in place to ensure appropriate action planning and monitoring including Performance and Audit Committee, Clinical and Care Governance Group, Adverse Events Review Group, Health and Safety Groups and the Staff Partnership Forum.</li> <li>* IJB receives 6 monthly updates on Clinical and Care Governance activity including details of adverse events; significant case review; complaints. This update includes details of outcomes and lessons learned. The Adverse Event Review Group now includes a fortnightly update for all AERs across the North HSCP.</li> <li>* Approved a Risk Management Strategy and a Strategic Risk Register</li> <li>* Health and Care Governance Framework in place</li> <li>* North Ayrshire IJB has complied with all legislative requirements for IJBs which were introduced during 2017, including Model Publication Scheme, Climate Change Reporting, Records Management Plan, Complaint Handling Procedure.</li> </ul>	6	3	2	6	Moderate	Treat	<ul style="list-style-type: none"> <li>* Development of IJB member induction programme</li> <li>* Internal Audit review of IJB Governance planned for 2021</li> </ul>
SSR06	<b>Demography and Inequality Pressures</b> - failure to adequately plan for and respond to changes in our population profile and in the levels of poverty in North Ayrshire will result in more people experiencing higher levels of physical and mental ill health, resulting in increasing demand on services, an inability of services to provide adequate care and negative impact on health and wellbeing.	Chief Officer	12	4	3	12	High	<ul style="list-style-type: none"> <li>* Through delivery of the strategic plan the IJB sets out actions to tackle inequality through its Partnership Pledge and across all five of the strategic priorities.</li> <li>* Our Strategic Plan sets out Strategic Needs Assessment and our Strategic Planning Group and Locality Planning Forums work on the ongoing development of this</li> <li>* HSCP services work to address inequalities, for example our Money Matters service work with vulnerable families, providing them with benefits advice and helping to maximise household incomes.</li> <li>* The Partnership will continue to work closely with partners to deliver the Fair for All pledges and progress the Fairer Food agenda.</li> <li>* Demography increases are factored into budget planning to ensure the resource requirements are understood and funding is identified to meet needs</li> <li>* The Change Programme and previous Challenge Fund Projects are focused on early intervention and prevention approaches stemming the impact of future demography increases.</li> <li>* Equalities Impact Assessments considered as part of IJB decision making processes</li> </ul>	6	3	3	9	Moderate	Treat	<ul style="list-style-type: none"> <li>* Raise the profile of the impact of inequalities with our communities, staff, service users and volunteers through implementation of the strategic plan to ensure they have a firm understanding of inequalities and its impact on health and wellbeing.</li> <li>* Expand Community Link Workers service to assist individuals to understand the full range of formal and informal community based services available to them</li> </ul>
SSR07	<b>Workforce</b> - failure to recruit and retain and plan workforce requirements effectively leading to an insufficient workforce (number of staff, key roles and competency levels), resulting in a reduction in capacity to safely and effectively care for local people and a negative impact on service user and patient's needs being met	Chief Officer		4	3	12	High	<ul style="list-style-type: none"> <li>* Collaborative recruitment in A&amp;A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership</li> <li>* Workforce Development Strategy (WDS) 2018-2021 approved by the IJB, interim workforce plan is being developed</li> <li>* Engagement with local secondary schools to expand the range of work experience and modern apprenticeship options that are available to promote a career in care.</li> <li>* Engagement with Ayrshire College to refine and expand the range of options available for students to experience service delivery in North Ayrshire.</li> <li>* MHO pilot commenced July 2020 for 6 months and has been extended for another six months to prioritise legislative processes and response</li> <li>* Conduct exit interviews with all staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction</li> <li>* Work with local providers to understand the pressures they face and support them, supporting the implementation of the Scottish Living Wage and fair work agenda</li> <li>* Early identification of vacancies and timeous submission of recruitment paperwork to the vacancy scrutiny group</li> <li>* Managed risks to recruiting on a permanent basis rather than relying on temp recurring funding, through creative use of funding and alignment with other service needs/alternatives</li> </ul>	9	3	3	9	Moderate	Treat	<ul style="list-style-type: none"> <li>* The Workforce Development Strategy is an iterative plan and the actions will be delivered over a three-year period</li> <li>* Undertake workforce planning for each transformational change programme within services</li> <li>* Establish optimum staffing levels across all staff groups and factor this into the WDS and Medium Term Financial Plan.</li> <li>* The creation of pan-Ayrshire Strategic Commissioning plans to move from competitive to collaborative recruitment models.</li> <li>* Commissioning plan due in 2022 will have a workforce development section.</li> <li>* Explore further opportunities for 'growing our own' similar to the programme for social work students</li> </ul>
SRR08	<b>Scottish Government Policies:</b> risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on strategic objectives, examples include the Promise, the Living Wage, Carers Act, Free Personal Care and other future policy developments including the Independent Review of Adult Social Care. The impact being the inability to deliver on these alongside strategic plan commitments and objectives and the impact of funding for new policy and legislative commitments.	Chief Officer	n/a	4	4	16	High	<ul style="list-style-type: none"> <li>* Horizon scanning for policy developments through partners, professional networks including links with Scottish Government policy teams</li> <li>* Regular liaison with Scottish Government and COSLA senior officers</li> <li>* Responses to consultations on potential implementation of new policy areas</li> <li>* Early impact assessments locally for national policies, including operational and financial service impact</li> <li>* Financial modelling to respond to requests for information to support full funding</li> <li>* Fully brief IJB members and wider partners on policy implications for the IJB to gather support and awareness of any implementation issues or concerns</li> </ul>	n/a	4	3	12	High	Treat	<ul style="list-style-type: none"> <li>* Promote and develop pan-Ayrshire approaches to impact assessment of policy implementation</li> <li>* Reinforce the role of Elected Members and IJB members to influence Scottish Government decision making through political routes</li> </ul>

Risk Ref	Description of Risk	Risk Owner	Previous Score	Gross Risk				Mitigations/Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite	Proposed New Control Measures
				Severity	Probability	Score	Rating			Severity	Probability	Score	Rating		
SRR09	<b>Covid-19 Recovery:</b> Failure to remobilise services leading to a reduction in service provision in order to redirect and focus on prioritised activities. This could delay transformation and the strategic objectives of the partnership resulting in the following potential consequences: financial loss, increased waiting times, physical and mental health impacts on our staff and communities.	Chief Officer	n/a	5	4	20	Very High	<ul style="list-style-type: none"> <li>* Strategic, tactical and operational response groups formed with HSCP representation at Council, NHS Board and HSCP governance groups.</li> <li>* Work to identify recovery, renewal and transformation opportunities, aligned to budget plans for 2021-22</li> <li>* Refreshed business continuity management arrangements</li> <li>* Enhanced arrangements in place for oversight and support of commissioned social care providers, including professional Care Home Oversight Group and financial sustainability payments</li> <li>* Prioritise the health and wellbeing of our residents by protecting the most vulnerable in our society against the immediate threat of coronavirus.</li> <li>* Develop plans for individual service recovery incorporating the learning and experience from the Covid response and period of service disruption</li> <li>* Secure the resources and capacity required in services to invest in recovery in communities during 2021 as part of the NHS A&amp;A re-mobilisation plan (RMP3) to March 2022</li> </ul>	n/a	5	3	15	High	Treat	<ul style="list-style-type: none"> <li>* The Strategic Bridging Plan for 2021-22 will be presented to the IJB for approval, setting out priorities for recovery</li> <li>* RMP3 proposals to be taken forward at pace when funding is confirmed</li> <li>* Framework for measuring demand and service performance to be developed to establish impact on services and communities</li> <li>* Support commissioned care provider sustainability through contract management process and aligning commissioned services with ongoing service delivery needs</li> </ul>