

Integration Joint Board 16 March 2023

Subject : **Strategic Risk Register**

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

Recommendation : To approve the updated IJB Strategic Risk Register

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

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

1.	EXECUTIVE SUMMARY
1.1	This report provides an update on the strategic risk register, to help ensure the IJB are proactive in identifying and managing the risks to the successful delivery of our Strategic Plan.
2.	BACKGROUND
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 last approved by the IJB in June 2022.
2.2	<p>The review focussed on updating previous risks and identifying new risks.</p> <p>There is one new risk which has been escalated from the operational risk register on the recommendation of the PSMT:</p> <ul style="list-style-type: none"> SRR13 – Provider Failure (commissioned services) <p>The remaining previous risks have been updated to reflect any additional mitigating action and reassessed on that basis. Most of the risk remained at the same score but two risks reduced score:</p>

- **SRR06 Governance** residual risk reduced from 6 to 3 as the governance arrangements are now well established and IJB is in good place in relation to Standing orders, Code of Conduct and member development etc.
- **SRR10 Covid** residual risk reduced from 15 to 12 as the risk is around the funding of covid related costs, as the Covid funding ceases in 2023-24, rather than the remobilisation of services.

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 11 risks noted on the Strategic Risk Register, with 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.

The risks are summarised below:

Ref	Title	Gross Risk (score pending further controls) 2022	Residual Risk (score after further controls) 2022	Gross Risk (score pending further controls) 2023	Residual Risk (score after further controls) 2023
SRR01	Financial Sustainability	15 High	12 High	15 High	12 High
SRR02	Infrastructure (ICT Integration)	12 High	9 Moderate	12 High	9 Moderate
SRR05	Transformational Change Programme	9 Moderate	6 Moderate	9 Moderate	6 Moderate
SRR06	Governance	9 Moderate	6 Moderate	9 Moderate	3 Low
SRR07	Demography and Inequality Pressures	16 High	12 High	16 High	12 High
SRR08	Workforce	12 High	9 Moderate	12 High	9 Moderate
SRR09	Scottish Government Policies	16 High	12 High	16 High	12 High
SRR10	Covid-19 Recovery	20 Very High	15 High	16 High	12 High
SRR11	National Care Service	15 High	15 High	15 High	15 High
SRR12	Clinical and Care Governance	9 Moderate	9 Moderate	9 Moderate	9 Moderate
SRR13	Provider Failure (commissioned services)	n/a	n/a	12 High	12 High

2.5	The scoring of the risks is based the severity of the risk multiplied by the likelihood of it happening. The background to this is given in the extract of the approved risk management strategy in Appendix B.
2.6	<p>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.</p> <p>The new risk SRR13 Provider Failure (commissioned services) has been escalated to the Strategic Risk Register. There is an ongoing risk of supplier failures due to staffing issues and financial sustainability across social care providers particularly for Care at Home, Adult Community Support services and care homes.</p>
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	<u>Anticipated Outcomes</u>
	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	<u>Measuring Impact</u>
	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. It is recommended that risk assessments be reviewed on an annual basis as a minimum. PAC will monitor the register 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.
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> The report falls in line with the agreed risk appetite statement which is low -risk appetite in respect to adherence to compliance duties.
4.6	<u>Community Wealth Building</u> None.

4.7	<u>Key Priorities</u> 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.
5.	CONSULTATION
5.1	The strategic risks have been reviewed and agreed by the PSMT.

For more information please contact:

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Appendix A

Strategic Risk Register

Glossary of Terms

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

Severity

“Domains”	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and projects	<ul style="list-style-type: none"> Barely noticeable reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Minor reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Reduction in scope or quality, project objectives or schedule. 	<ul style="list-style-type: none"> Significant reduction in ability to meet project objectives or schedule. 	<ul style="list-style-type: none"> Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to patients/staff.	<ul style="list-style-type: none"> Adverse event leading to minor injury not requiring first aid. 	<ul style="list-style-type: none"> Minor injury or illness, first-aid treatment needed. No staff absence required. 	<ul style="list-style-type: none"> Significant injury requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Major injuries or long-term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Incident leading to death or major permanent incapacity.
Patient experience / outcome	<ul style="list-style-type: none"> Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care. 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery < 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, long term effects - expect recovery > 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome continued ongoing long-term effects.

Complaints / claims	<ul style="list-style-type: none"> Locally resolved complaint 	<ul style="list-style-type: none"> Justified complaint peripheral to clinical care 	<ul style="list-style-type: none"> Below excess claim. Justified complaint involving lack of appropriate care. 	<ul style="list-style-type: none"> Claim above excess level. Multiple justified complaints. 	<ul style="list-style-type: none"> Multiple claims or single major claims.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to patient care. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of patient care Minor error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Non delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to insufficient training / implementation of training.
Service / business interruption	<ul style="list-style-type: none"> Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service 	<ul style="list-style-type: none"> Short term disruption to service with minor impact on patient care. 	<ul style="list-style-type: none"> Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service. 	<ul style="list-style-type: none"> Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked. 	<ul style="list-style-type: none"> Permanent loss of core service or facility. Disruption to facility leading to significant “knock on” effect.
Financial	<ul style="list-style-type: none"> Negligible organisational financial loss (£< 1k). 	<ul style="list-style-type: none"> Minor organisational financial loss (£1-10k). 	<ul style="list-style-type: none"> Significant organisational financial loss (£10-100k). 	<ul style="list-style-type: none"> Major organisational financial loss (£100k-1m). 	<ul style="list-style-type: none"> Severe organisational financial loss (£>1m).
Inspection / assessment / audit	<ul style="list-style-type: none"> Small number of recommendations which focus on minor quality improvement issues. 	<ul style="list-style-type: none"> Minor recommendations made which can be addressed by low level of management action. 	<ul style="list-style-type: none"> Challenging recommendations but can be addressed with appropriate action plan. 	<ul style="list-style-type: none"> Enforcement Action. Low rating. Critical report. 	<ul style="list-style-type: none"> Prosecution. Zero Rating. Severely critical report.

Adverse publicity / reputation	<ul style="list-style-type: none"> No media coverage, little effect on staff morale. 	<ul style="list-style-type: none"> Local Media – short term. Minor effect on staff morale / public attitudes. 	<ul style="list-style-type: none"> Local Media – long term. Impact on staff morale and public perception of the organisation. 	<ul style="list-style-type: none"> National Media (< 3 days). Public confidence in the organisation undermined. Usage of services affected. 	<ul style="list-style-type: none"> National Media (> 3 days). MP / MSP Concern (Questions in Parliament).
Organisational / Personal Security, and Equipment	<ul style="list-style-type: none"> Damage, loss, theft (£< 1k). 	<ul style="list-style-type: none"> Damage, loss, theft (£1-10k). 	<ul style="list-style-type: none"> Damage, loss, theft (£10-100k). 	<ul style="list-style-type: none"> Damage, loss, theft (£100k-1m). 	<ul style="list-style-type: none"> Damage, loss, theft (£>1m).

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

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

Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR01	Financial Sustainability - 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.	Head of Finance and Transformation (updated)	<ul style="list-style-type: none">* IJB actively monitors the partnership financial position.* Directors of Finance of the Council and Health Board have oversight.* Regular updates are provided to the Council's Cabinet.* A Chief Finance and Transformation Officer is in place within the HSCP to support delivery of transformation at scale and pace.* A Medium-Term Financial Outlook will be refreshed for 2023-26 and presented to the IJB in March 2023.* Transformation Board overseeing the programme of service re-design.* Outstanding debt to NAC is currently £2.321m but it is planned to clear the debt by the end of 2022-23.* Integrated approach to managing totality of NHS and LA resources delegated to the IJB.* Robust processes for monitoring projects and the monthly financial position ensuring financial projections can inform any correction action* Financial returns are submitted to the Scottish Government on a regular basis.* Significant funding for IJBs for Covid response, supported by regular returns to SG but no funding beyond 2022/23.* Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB.* Significant funding for IJBs for Covid response, supported by regular returns to SG.* Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB.* Focus on accuracy of data used to inform financial projections alongside regular review of waiting lists and approval processes.* The IJB had uncommitted financial reserves of £7.248m at the start of 2022/23, which equates to 2.6% of the budget. This is within the good practice target of 2-4%.	15	5	3	15	High	<ul style="list-style-type: none">* Continue to actively managing the demand for services using professional judgement to determine when care is provided.	12	4	3	12	High	Treat
SRR02	Infrastructure - ICT System Integration and Property - 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.	Head of Finance and Transformation (updated)	<ul style="list-style-type: none">* Some pockets of agile and remote working have been implemented and work continues to roll these initiatives out to improve efficiency.* Access to systems can be requested to allow NHS-Partnership staff access to NAC systems, and NAC-Partnership staff access of NHS systems.* Work has progressed to reduce the number of MH ancillary recording systems and consolidate data on centralised systems.* Working from home has accelerated the use of technology with more business being conducted via MS Teams.* HSCP systems and performance team supporting work across the partnership and progressing developments and issues with systems* Defining the new system set up for replacing CareFirst.* Work continues on the removal of a number of NHS Access databases.* Implementation of Trakcare functionality within Adult Community Mental Health Services to manage patient clinics across all three Partnerships.* Ensure that there are local arrangements in place to manage local risk.* NHSAAA are undertaking a review of all MS Access databases in use for removal to centralised systems.	12	4	3	12	High	<ul style="list-style-type: none">* Develop strategic direction with NHSAAA, EAHSCP and SAHSCP.* Replacement of the current social care system will include consideration of functionality which will support health service data requirements* A pan-Ayrshire initial meeting took place with NHS in Jan 2023 to agree that the use of the NHS Orion platform for data integration would be of benefit to partnerships teams - a scoping exercise is now underway by NHS IT to review how this platform works in practice within Glasgow for implementing locally	9	3	3	9	Moderate	Tolerate
SRR05	Transformational Change Programme - 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.	Head of Finance and Transformation (sent to Nicola Fraser 25/1/23 - no updates required)	<ul style="list-style-type: none">* NAHSCP Transformation Board for oversight of programme development and delivery.* Reporting to NAHSCP Integration Joint Board, NHSAA Performance Governance Committee which has oversight on behalf of the NHS Board and NAC Extended Leadership Team.* Pan Ayrshire SPOG, NHSAA, NAC Scrutiny Groups & Staff Partnership Forum review and professionally challenge business plans* Scheduled meetings with Planning Managers to ensure effective communication throughout the change process on a 6 weekly basis.* Cross fertilisation and knowledge transfer of Planning Managers.* Development of Transformation Board risk register to manage risks associated with Programme change strands.* Alignment of service change/transformation plans to Strategic Plan priorities* 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	9	3	3	9	Moderate	<ul style="list-style-type: none">* Raising awareness of Programme within the three parent organisations (including elected members and board members) via established reporting arrangements* SPOG review of business cases prior to formal submission to corporate parents to highlight negative aspects* Alignment of plans to Covid recovery* Development of full operational Workforce Plan to sit alongside plans	6	3	2	6	Moderate	Treat
SRR06	Governance - 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.	Governance Officer (Karen Andrews) (updated)	<ul style="list-style-type: none">* Appropriate arrangements in place for representation at the IJB and sub-committees* Integration Scheme, Strategic Plan, Standing Orders and Code of Conduct in place.* Policies and procedures developed and in place for each function including Complaints, FOIs/Adverse Events for both HSCP and IJB.* 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.* 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.* Approved a Risk Management Strategy, Strategic Risk Register and risk appetite statement.* Health and Care Governance Framework in place* Internal Audit review of IJB Governance concluded in 2021.	9	3	3	9	Moderate	<ul style="list-style-type: none">* Development of IJB member induction programme was paused during pandemic but has now been finalised and two sessions have taken place with a further two planned for May and September.* IJB Carer Representative was appointed following a successful recruitment campaign. Additional stakeholder appointments still to be confirmed.* HSCP reviewing resourcing and capacity for demand to undertake SAERs. Proposal to enhance process with training and reviewing capacity across the three HSCPs.* Internal Audit Review of IJB Community Engagement planned for 2023.* Pan Ayrshire Review of Integration Schemes planned for end of 2023.* Pan Ayrshire Working Group on Directions has been established focusing on governance, joint commissioning plans, set aside and lead partnership arrangements.	6	3	1	3	Low	Treat

Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR07	Demography and Inequality Pressures - 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. This includes the impact of the war in Ukraine, refugees, unaccompanied asylum seeking children and care experienced young people who may face inequality.	Chief Officer (Scott Bryan) (updated)	<ul style="list-style-type: none">* 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.* Our Strategic Plan sets out Strategic Needs Assessment and our Strategic Planning Group and Locality Planning Forums work on the ongoing development of this* 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.* The Partnership will continue to work closely with partners to deliver the Fair for All pledges and progress the Fairer Food agenda.* Demography increases are factored into budget planning to ensure the resource requirements are understood and funding is identified to meet needs* The Change Programme and previous Challenge Fund Projects are focused on early intervention and prevention approaches stemming the impact of future demography increases.* Equalities Impact Assessments considered as part of IJB decision making processes* Expand Community Link Workers service to assist individuals to understand the full range of formal and informal community based services available to them* Our Justice services offer greater levels of support to those with experience of the Justice system, providing offenders with employment and wellbeing support, and reducing the likelihood of reoffending.* We provide welfare training to staff across the HSCP, including NHS, NAC and Third Sector Staff, helping to better inform our workforce of the impact of inequalities.	16	4	4	16	High	<p>Our refreshed Strategic Plan 'Caring Together' 2022-30, again underlines the HSCPs commitment to addressing local inequalities by retaining Tackling Inequalities as a key priority.</p> <p>We will 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.</p> <p>Demographic Measures</p> <ul style="list-style-type: none">* Workforce plan will underline need to meet future demand resulting from population change* Strategic plan has key focus on providing early and effective support to help people remain as healthy as possible for as long as possible. <p>- We will improve our processes around Social Care Assessment to ensure there are no delays or waiting lists for people who require an assessment or review of their need.</p> <p>- Through our extended response service for those over 65+ at home, we respond mental health crises faster and are able to reduce the number of Mental Health hospital admissions.</p> <p>- On Arran, the development of an integrated hub will allow for the provision of more effective 24/7 care, supporting people with complex care needs to remain at home.</p> <p>- Part of the Caring for Ayrshire programme will review the North Ayrshire primary care estate to ensure it is fit for purpose to meet the health and care needs of local people now and in the future.</p> <p>- Ensure we provide effective advice, respite options and financial support to carers, including older carers, to ensure they are supported to continue in their caring role.</p>	12	3	4	12	High	Treat
			<ul style="list-style-type: none">* We will also continue to undertake Equality Impact Assessments on all new policy or service proposals, ensuring we ass the impact of any proposals on identified protected groups. Further, the EIA process included assessment of how proposals meet the Fairer Scotland Duty.* Our commissioning and procurement process adopt ethical approaches, ensuring all commissioned services do not discriminate against any particular groups and provide real actionable community benefits* Involvement in NAC Ukrainian Taskforce, Ayrshire Taskforce and Refugee Taskforce which meets regularly to share information and allow for appropriate planning.						<p>Inequalities Measures</p> <ul style="list-style-type: none">* Embedding Money Matters staff in nine GP practices and seven local schools in North Ayrshire's more deprived areas, to improve access to financial advice and income maximisation services for local families.* By implementing new ways of working in Trindlemoss, people with a learning disability will have greater opportunities to develop skills and access meaningful paid employment <p>- Increase the number of employability mentors in Justice Services, to support those with experience of the justice service into meaningful employment or training opportunities and to help divert away from criminal behaviours.</p> <p>- Implement the National Health Visiting Pathway, supporting children in their early years and reducing the number of children with developmental concerns in the early stages.</p> <p>- Working closely with Housing colleagues to ensure formerly looked after young people can access a positive and stable housing destination.</p> <p>- In our Drug and Alcohol Services, we are implementing actions to reduce the number of local drug and alcohol related harms and deaths. This includes implementing the national MAT (Medicated Assisted Treatment) standards and increasing the number of ABIs (Alcohol Brief Interventions) delivered across North Ayrshire.</p> <p>- Through the Caring for Ayrshire programme, we set out a phased approach to improve local primary care premises (GP Practices and Health Centres). This will improve overall professional capacity within GP practices for Multi-Disciplinary Teams, ensuring the right support is available for local people with health concerns.</p>						
SRR08	Workforce - 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 (updated)	<ul style="list-style-type: none">* Collaborative recruitment in A&A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership* Workforce Development Strategy (WDS) 2018-2021 approved by the IJB, interim workforce plan is being developed* Engagement with local secondary schools to expand the range of work experience and modern apprentice options that are available to promote a career in care.* Engagement with Ayrshire College to refine and expand the range of options available for students to experience service delivery in North Ayrshire.* Conduct exit interviews with all staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction* 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* Early identification of vacancies and timeous submission of recruitment paperwork to the vacancy scrutiny group* 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	12	4	3	12	High	<p>A new HSCP Workforce Plan was approved by IJB and published in October 2022. This plan set out the key challenges facing the HSCP Workforce. While a number of challenges were identified, key among them included:</p> <ul style="list-style-type: none">•An older workforce, with many approaching retirement age and relatively low numbers of staff from younger age groups.•A high level of staff vacancies, resulting from difficulties in appointing to vacant posts and staff retention.•High levels of absence <p>As part of our Workforce Plan we identified 5 workforce priorities which aligned to the Scottish Government's five pillars of Workforce Planning:</p> <ul style="list-style-type: none">•Understanding our Workforce (Plan)•Promoting our Organisation (Attract)•Investing in our People (Train)•Building our Workforce (Employ)•Growing our People (Nurture) <p>The Plan places a focus on better understanding our organisation through provision of better workforce data, promoting the HSCP as a positive place to work and build a career, and highlighting the positive benefits of HSCP employment, including career development and support.</p> <p>The plan also places a strong focus on the wellbeing of the workforce as a key priority.</p> <p>To support implementation of the Workforce Plan, an supporting action plan was identified. Actions included:</p> <ul style="list-style-type: none">oDeveloping an enhanced suite of workforce planning reports.oSupporting the AHP Workforce CommissionoWorking closer with education colleagues to promote HSCP careers for pupils close to school leaving ageoCreating career pathway plans, so potential and existing staff have a clear vision of future development opportunities	9	3	3	9	Moderate	Treat

Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR09	Scottish Government Policies: 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 National Care Service. 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 (no updates proposed)	<ul style="list-style-type: none"> * Horizon scanning for policy developments through partners, professional networks including links with Scottish Government policy teams * Regular liaison with Scottish Government and COSLA senior officers * Attendance at the national Chief Officer network. * Responses to consultations on potential implementation of new policy areas * Early impact assessments locally for national policies, including operational and financial service impact * Financial modelling to respond to requests for information to support full funding * Fully brief IJB members and wider partners on policy implications for the IJB to gather support and awareness of any implementation issues or concerns 	16	4	4	16	High	<ul style="list-style-type: none"> * Promote and develop pan-Ayrshire approaches to impact assessment of policy implementation * Reinforce the role of Elected Members and IJB members to influence Scottish Government decision making through political routes 	12	4	3	12	High	Treat
SRR10	Covid-19: Failure to contain any covid related costs within the existing budget leading to an overspend which could lead to a reduction in service provision in order to bring the budget back online.	Chief Officer (updated)	<ul style="list-style-type: none"> * IJB actively monitors the partnership financial position. * Directors of Finance of the Council and Health Board have oversight. * Regular updates are provided to the Council's Cabinet. * Robust processes for monitoring projects and the monthly financial position ensuring financial projections can inform any correction action. * Close monitoring of the services that were Covid funded e.g. ward costs 	20	4	4	16	High	<ul style="list-style-type: none"> * Continue to monitor the service areas where covid funding was allocated during the pandemic and identify any issues early to develop a plan to bring the costs within budget. 	15	3	4	12	High	Treat
SRR11	National Care Service - Development of the National Care Service leading to uncertainty about the future delivery of services by the IJB resulting in an impact on the current services and staff.	Chief Officer (no changes proposed)	<ul style="list-style-type: none"> * Providing a full response to the Scottish Government Consultations * Participating in national engagement events organised by Scottish Government * Keeping up to date with and seeking to influence developments via national professional networks * Continue the current transformation programme to continue to deliver the improvements intended to be achieved by integration of health and social care. 	15	3	5	15	High	<ul style="list-style-type: none"> * Push for more information where there were significant gaps in the draft legislation, e.g. boundaries, services in scope, finance, assets, staffing, pension provision. * Continue seeking to influence developments via national professional networks. 	15	3	5	15	High	Treat
SRR12	Clinical and Care Governance: Failure to have an appropriate framework in place leading to an adverse impact on the culture resulting in a reduction in the quality of the delivery of the highest quality of care and support is understood.	Chief Social Work Officer and Associate Nursing Director (updated)	<ul style="list-style-type: none"> * continuous review of arrangements for Clinical and Care Governance are essential for the delivery of statutory, policy and professional requirements and the achievement of our quality ambitions. * ongoing review of established structures and processes to assure Integration Joint Boards, Health Boards and Local Authorities * empowering clinical and care staff to contribute to the improvement of quality * making sure that there is a strong voice of the people and communities who use our services. * ensure that professional leadership develops good governance for each of the following components: culture, systems, practices, performance, vision and leadership. * delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams, and between health and social care professionals and managers. 	9	3	3	9	Moderate		9	3	3	9	Moderate	Tolerate