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## Integration Joint Board 30<sup>th</sup> April 2026

**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

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

<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 help ensure 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	<p>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 2025.</p> <p>The review focussed on updating previous risks and identifying if there were any new risks.</p>
2.2	<p><b>New Risks:</b> There are no new proposed Strategic Risks.</p>

2.3

**Risks with an increased score:**

<b>Ref</b>	<b>Title</b>	<b>Description</b>
<b>SRR01</b>	Financial Sustainability	Resources have not kept pace with the demand for and cost of social care services. Financial modelling suggests significant ongoing challenges across the medium-term with 2026/27 being particularly challenging. This results in a greater risk to the financial sustainability of the IJB. The gross risk remained at 25 (Very High) but the residual risk increased from 16 (High) to 20 (Very High).
<b>SRR05</b>	Transformation Programme	Failure to deliver the transformational change required to meet current and future demands and ensure our long-term financial sustainability. The gross risk remained at 12 (High) but the residual risk increased from 6 (Moderate) to 9 (Moderate).
<b>SRR09</b>	Local Impact of Scottish Government Policies	Risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on strategic objectives. The gross risk remained at 16 (High) but the residual risk increased from 12 (High) to 16 (High) mainly in relation to the ongoing uncertainty around the Reduced Working Week (RWW) and any future policy intent following the Scottish Parliamentary Elections.
<b>SRR13</b>	Provider Failure (commissioned services)	There is an ongoing risk of social care supplier failure due to staffing and recruitment challenges and the financial viability of care providers. Supplier failure leads to risk to service users, potential for withdrawal of care and disruption to care plans. The gross risk remained at 16 (High) but the residual risk increased from 12 (High) to 16 (High).
<b>SRR15</b>	Risk of Harm	A lack of resources combined with an increase in both demand and complexity is leading to increasing numbers of residents waiting for services, whether that be for referral, assessment or the provision of care and support. Resources will be directed at those with the greatest need, reducing capacity for early intervention and prevention supports. This results in a greater likelihood of residents experiencing harm as a result. The gross risk increased from 16 to 20 which reflects the current financial position and the move to critical eligibility criteria for access to social care services.

2.4

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.

2.5

There are 12 risks noted on the Strategic Risk Register, with a number of these graded as very high or 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)	Residual Risk (score after further controls)	Gross Risk (score pending further controls)	Residual Risk (score after further controls)
		2025	2025	2026	2026
SRR01	Financial Sustainability	25 Very High	16 High	25 Very High	20 Very High
SRR02	Infrastructure (ICT Integration)	12 High	9 Moderate	12 High	9 Moderate
SRR05	Transformational Change Programme	12 High	6 Moderate	12 High	9 Moderate
SRR06	Governance	9 Moderate	3 Low	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	Local Impact of Scottish Government Policies	16 High	12 High	16 High	16 High
SRR12	Clinical and Care Governance	9 Moderate	9 Moderate	9 Moderate	9 Moderate
SRR13	Provider Failure (commissioned services)	16 High	12 High	16 High	16 High
SRR14	Asylum Arrivals	12 High	12 High	12 High	12 High
SRR15	Risk of Harm	16 High	16 High	20 Very High	16 High
SRR16	Growth and expansion of specialist complex care developments	25 Very High	15 High	25 Very High	15 High

2.7 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.

2.8 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.

### 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.
<b>4.</b>	<b>IMPLICATIONS</b>
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 <b>low</b> -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.

<b>5.</b>	<b>CONSULTATION</b>
5.1	The strategic risks have been reviewed by the relevant risk owners.

**For more information please contact:**

**Eleanor Currie, Chief Finance Officer – Finance at [eleanorcurrie@north-ayrshire.gov.uk](mailto:eleanorcurrie@north-ayrshire.gov.uk)**

# Appendix A

## Strategic Risk Register

### Glossary of Terms

<b>Term</b>	<b>Definition</b>	<b>Term</b>	<b>Definition</b>
<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		

North Ayrshire Integration Joint Board  
Strategic Risk Register

Risk Ref	Description of Risk	Risk Owner	Updated for April 2026	Mitigations/Control Measures	Gross Risk					Proposed New Control Measures	Residual Risk					Risk Tolerance / Appetite
					Previous Score	Severity	Probability	Score	Rating		Previous Score	Severity	Probability	Score	Rating	
SRR01	<p><b>Financial Sustainability of the Health and Social Care Partnership</b> - Resources have not kept pace with the demand for and cost of social care services. Financial modelling suggests significant ongoing challenges across the medium-term with 2026/27 being particularly challenging as the superannuation increase will cost £7.2m approx and this is prior to considering other pressures which takes the total pressures to £25m approx. There is no certainty around future funding against growing demand, increasing costs and demographic pressures, with one-year budget settlements remaining in place. The most recent Medium Term Financial Outlook identified that, based on the current assumptions made, there could be a budget gap across the period 2026-2029 ranging from £27.746m in the best case to £47.968m in the worst case if no new funding is provided.</p> <p>The 2026/27 Scottish Government budget settlement did not include any direct investment in social care. The level of 2026/27 funding will be subject to the agreement of the North Ayrshire Council budget.</p> <p>The ongoing work to review the Integration Scheme and to develop new risk-sharing arrangements between the Council and Health Board in relation to the acute set aside and primary care prescribing present a financial risk to the Partnership and Council.</p> <p>Unearmarked reserves are depleted, there is no scope to absorb in-year variances, with any overspends requiring additional funding from partners.</p> <p>The wider system financial challenges and impact across the whole system, for example the financial position of NHS AA and the decisions taken to reduce the Board's deficit may have impacts on other parts of the health and care system.</p> <p>The Partnership is projecting an overspend of £2.7m (month 10) in 2025/26, reduced to £2.251m if the additional Reduced Working Week funding is approved.</p>	Chief Finance Officer	Updated	<p>The IJB actively monitors the financial position with regular detailed reporting. Directors of Finance of the Council and Health Board have oversight, and regular updates are provided to the Council's Cabinet. There is an integrated approach to managing the totality of NHS and Council resources delegated to the IJB. A three-year Medium-term Financial Outlook is updated on a rolling basis each year.</p> <p>Previous financial settlements have seen both partners meet the Scottish Government settlement conditions with any additional resources passed to the IJB.</p> <p>The Partnership has developed a new 3-year Transformation Plan 2024-2027 which was approved by the IJB in March 2024. Services will continue to work towards implementing the recovery plan to deliver cost reduction targets while carefully managing the level of risk. The management actions and governance framework agreed in 2024/25 will continue throughout 2025/26.</p> <p><b>Additional actions approved for 2025/26:</b></p> <ul style="list-style-type: none"> <li>-Recruitment delay – there will be a recruitment drag with vacancy scrutiny approved vacancies being held for four weeks</li> <li>-High-cost care package group – the remit of this group will be expanded to include care packages for children with a disability and all UNPACs placement requests.</li> <li>-Oversight group for looked after and accommodated children in residential care</li> <li>-Care home placements – move to one admission for every two discharges as per PSMT approval on 20th November 2025. The care placements at CARG to be approved on the basis of risk and need rather than current care setting. This may impact on delayed discharges within our acute and community hospitals.</li> <li>-Care at home – recruitment freeze to gradually reduce the overspend position. Again, this will impact on wait times and service performance.</li> <li>-All care packages (outwith in house care at home and older people placements agreed via CARG) will be considered for approval by the high-cost care package group.</li> </ul> <p>In preparation for the 2026/27 a six week budget engagement was undertaken with the public, staff, providers and community groups.</p> <p>Budget updates have also been provided regularly to the IJB Finance working group.</p>	25	5	5	25	Very High	<p>The December 2025 Transformation Board approved an updated Terms of Reference and a refreshed Transformation Plan. This will see a reduction in the number of projects as a result of the following actions:</p> <ul style="list-style-type: none"> <li>-Condensing any workstreams into one singular project with defined benefits.</li> <li>-Closing or accelerating to completion any projects that are nearing their end and/or unlikely to deliver benefits.</li> <li>-Removing items from the Plan which are not projects, e.g. research, reviews, strategy updates.</li> <li>-Ensuring any remaining projects have clearly defined objectives and benefits and support the HSCP's financial plans</li> </ul> <p>All recovery plan actions will be maintained into 2026/27 as will the operation of the high cost care package group and vacancy controls.</p> <p>The finance working group will continue to meet throughout 2026/27 and assist in the planning of the 2027/28 budget setting.</p> <p>The Chief Officer and Chief Finance officer will continue to lobby the Scottish Government and make the case for investment in community based Health and Social Care and to recognise the demographic impact of demand and resources in North Ayrshire.</p> <p>Continued representation at the Chief Officer and CFO networks, Participation in SG sessions to outline the local and national financial position of IJBs.</p>	16	5	5	25	Very High	Treat
SRR01 (cont)				<p><b>2026/27 Budget</b> - the 2026/27 budget was approved on 13th March 2026. This included £2.9m of savings classified as:</p> <ul style="list-style-type: none"> <li>-Previously agreed savings</li> <li>-Adjustments (payroll turnover and recharges)</li> <li>-Operational savings</li> <li>-Policy – Models of care or efficiency</li> <li>-Policy – Service reduction or cessation</li> </ul> <p>There was also a separate paper on the £5.828m balance of savings which will be met from revised eligibility criteria. The Partnership has undertaken extensive community engagement which commenced early December 2025 on the challenges of delivering social care services within budget. The £5.828m will be met through the review of eligibility criteria and the 3 interlinked proposals which have been developed to implement the reductions to care packages, namely:</p> <p>Proposal 1 - Changing Eligibility – Support Only for People at Critical Risk Proposal 2 - Best Value Care Funding Framework Proposal 3 - Prioritising Personal Care</p>												
SRR02	<p><b>Infrastructure - ICT System Integration and Property</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.</p>	Principal Manager Transformation (usually updated by Neil McLaughlin)	Updated	<ul style="list-style-type: none"> <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. HSCP systems and performance team supporting work across the partnership and progressing developments and issues with systems</li> <li>* NHSAAA are undertaking a review of all MS Access databases in use for removal to centralised systems. - local review linked to MH reporting completed to plan removal</li> <li>* Implementation of Trakcare functionality within Adult Community Mental Health Services to manage patient clinics across all three Partnerships.</li> <li>* MH Digital Transformation board established</li> <li>* MH digital business case being developed to address future planning needs.</li> <li>* Digital pilot for CYP neurodevelopment transformation with Strata Health.</li> </ul>	12	4	3	12	High	<ul style="list-style-type: none"> <li>* Two groups have recently been established to better coordinate ICT issues/concerns/developments: (i) HSCP Digital Leads with NAC, SAC, EAC and NHS IT and HSCP digital leads which is chaired by NHS (ii) NAHSCP Digital Working Group which includes representatives from each Service. A ToR was recently approved at Transformation Board in February. This group will have oversight of digital projects on the Transformation Board.</li> <li>* Network access issues at NHS/NAC sites being explored and supported by NAC IT</li> </ul>	12	3	3	9	Moderate	Tolerate
SRR05	<p><b>Transformational Change Programme</b> - failure to deliver the transformational change required to meet current and future demands and ensure our long term financial sustainability.</p>	Principal Manager Transformation (Stuart MacMillan)	Updated	<ul style="list-style-type: none"> <li>* Senior Manager leading on the delivery of the Transformation Plan.</li> <li>* NAHSCP Transformation Board for oversight of programme development and delivery.</li> <li>* Reporting regularly to NAHSCP Integration Joint Board.</li> <li>* Development of Workforce Plan, and Digital and Data Plan, to ensure alignment with transformed products and services.</li> <li>* Programme risk register in place, with high rated risks escalated to the Board.</li> <li>* Alignment of service change/transformation plans to Strategic Plan priorities</li> <li>* Raise awareness of Programme within the three parent organisations (including elected members and board members) via established reporting arrangements.</li> </ul>	12	4	3	12	High	<ul style="list-style-type: none"> <li>* Transformation Plan has been refreshed, updating project scopes and anticipated benefits</li> <li>* A benefits management approach has been introduced and all projects will have benefit trackers assigned</li> <li>* Transformation Board terms of reference has been approved</li> <li>* Regular meetings in place with planning managers and Finance colleagues to ensure coordinated approach to change and transformation</li> </ul>	12	3	3	9	Moderate	Treat
SRR06	<p><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.</p> <p>Statutory Instrument to revise voting membership of IJBs to include lived experience, unpaid carer and third sector representatives will come into effect in September 2026. Revisions will be required to Integration Schemes, Standing Orders.</p>	Governance Officer (Karen Andrews)	Updated	<ul style="list-style-type: none"> <li>* Statutory governance arrangements defined by Integration Scheme are in place for representation at the IJB and sub-committees and reviewed within prescribed requirements.</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>* 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, Strategic Risk Register and risk appetite statement.</li> <li>* Health and Care Governance Framework in place</li> </ul>	9	3	3	9	Moderate	<ul style="list-style-type: none"> <li>* Strengthened induction programme and governance training including code of conduct to be delivered throughout 2026 following the changes to IJB voting rights.</li> <li>* IJB Carer Representative was appointed following a successful recruitment campaign. Additional stakeholder appointments still to be confirmed.</li> <li>* Statutory Instrument to extend IJB Voting Rights to include lived experience, unpaid carer and third sector representatives</li> <li>* HSCP reviewing resourcing and capacity for demand to undertake SAERs. Proposal to enhance process with training and reviewing capacity across the three HSCPs.</li> <li>* Ongoing Integration Scheme and Standing Orders review is underway to ensure fitness for purpose.</li> <li>* Refresh of induction programme for new IJB members and refresher of code of conduct and standing orders planned during 2026.</li> <li>* Regular PAC/Internal Audit review of governance processes.</li> </ul>	3	3	1	3	Low	Treat

Is the description of the risk still relevant and accurate?

Have any of the proposed control measures from Sept 2024(column J) been implemented? If so, then move them to this column and rescore the risk (col F and G) based on the additional mitigation and control.

Review this score after updating the mitigation and control measures in column D

Add any new proposed measures

Review this score after updating the mitigation and control measures in column J

Risk Ref	Description of Risk	Risk Owner	Updated for April 2026	Mitigations/Control Measures	Gross Risk					Proposed New Control Measures	Residual Risk					Risk Tolerance / Appetite
					Previous Score	Severity	Probability	Score	Rating		Previous Score	Severity	Probability	Score	Rating	
SRR07	<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 (usually updated by Seony Ross)	Updated	<ul style="list-style-type: none"> <li>A full review of demographics was carried out throughout 2025. The Strategic Needs Assessment was published in August 2025 and reviews information regarding general health and wellbeing, mental health, hospital and community care, children and young people, economy and inequality. This has supported the review of the Strategic Plan as well as other internal service reviews and other pieces of work, and has been shared with partners to support their workstreams.</li> <li>The HSCP reviewed and refreshed its Strategic Plan 'Caring Together' for the remainder of the plan period, which will be in place from 1st April 2026 to the 31st of March 2030. In addition to identifying Service Delivery Priorities which support the health and wellbeing of our communities, the Plan identified 3 Strategic Priorities which are intended to reduce the pressures on the HSCP by anticipating future demand and aiming to improve outcomes at a population level.</li> <li>Demography increases are factored into budget planning to ensure the resource requirements are understood and funding is identified to meet needs. The budget has also been considered in the development of the new Strategic Plan priorities.</li> <li>The transformation programme is focused on reviewing services and ensuring transformation of services is focussed on meeting the needs of service users, including ensuring appropriate support is in place for complex and intensive support needs.</li> <li>A new set of Equality Outcomes was published in April 2025 which considered inequality and demographic data, and the lived experience of equality groups within North Ayrshire. The new Equality Outcomes were published alongside a set of actions to be achieved between 2025 and 2029 to support mainstreaming equality activity and equality of opportunity for marginalised groups.</li> <li>Equality and Children's Rights Impact Assessments are carried out for new policies, proposed projects and service change proposals which are considered by IJB to inform decision making. These integrated assessments consider impacts for protected characteristics, socio-economic disadvantage, island consideration and impacts on consumers of services.</li> <li>The HSCP has recently analysed all previous engagement carried out across the HSCP over the previous 3 years and developed a new Participation and Engagement Strategy for 2026-2030. This strategy outlines how communities, carers, and families will be able to share their views, and ensures the HSCP has the opportunity to hear people's lived experience when developing services. This will allow people's own experiences of inequalities to be considered in our review and design of services.</li> </ul>	16	4	4	16	High	<ul style="list-style-type: none"> <li>The Strategic Plan outlines 3 Strategic Outcomes which aim to address future service requirements based on demographic changes and local inequalities and aim to better understand and assess how we may influence improved health and wellbeing. The Strategic Priorities are: Supporting the improvement of population health, Addressing the Changing needs of an ageing population, and tackling the root causes of health inequality. During 2026, the HSCP will begin a programme of work with Public Health Scotland Analysts to research anticipated future demographic changes, how services are currently responding to these issues and where improvements can be made. The 3 workstreams will inform the HSCPs transformation programme and complement participation in the CHES programme.</li> <li>The CHES Programme will continue with extensive engagement activity to ensure lived experience influences the recommendations made through the programme.</li> <li>The HSCP will develop locality plans which will consider the individual needs and circumstances of people living in smaller communities, and will outline how our services will meet the needs of those specific communities</li> <li>The Strategic Planning group will continue to monitor the HSCPs Strategic plan and related strategies and respond to any demographic changes that may impact strategy delivery.</li> </ul>	12	3	4	12	High	Treat
SRR07 (cont)			Updated	<ul style="list-style-type: none"> <li>A new Learning Disability learning plan was published in 2025, which comprises of service information and engagement insights, and explores where there may be further need for development for this specific client group.</li> <li>A new Strategy for unpaid carers: Together we care 2026-2029 was agreed by IJB in December 2025. It advises carers of their rights; sets out plans to identify carers, routes for assessment and support, and information about local and national services. The aim is that all North Ayrshire carers are identified, supported and valued and are afforded an opportunity to live, work, thrive and stay connected to their communities enjoying a life alongside caring, where they choose to continue to care. Care needs are becoming increasingly complex in North Ayrshire due to demographic changes, and the strategy will support the unpaid carers that provide care in the community.</li> <li>North Ayrshire is participating in the Collaboration for Health Equity in Scotland Programme which will consist of intensive research and engagement in order to make recommendations for reducing health inequalities for North Ayrshire Residents. In North Ayrshire, the programme will focus on 3 priorities in 3 specific areas.</li> <li>In March 2025 the HSCP submitted a workforce template to the Scottish Government which outlined workforce challenges for the HSCP including the agenda for change pay reform, demographic changes and increasingly complex needs, financial pressures, and recruitment challenges. No further guidance has yet been issued by the Government</li> <li>To develop the refreshed strategic plan for 2026, service engagement was carried out which asked services for their challenges and opportunities which included staffing and resource challenges for specific teams</li> <li>The learning and Development strategy for social work and social care 2023-2028 continues into its third year, continuing to offer training and succession planning.</li> <li>HR and service leads will continue to meet quarterly to review, update and align workforce plans in line with evolving service demands and strategic planning requirements. Workforce Planning meetings incorporate a structured review of external factors using PESTLE to ensure workforce strategies remain responsive and proactive.</li> <li>The Care at Home service has an ongoing recruitment review in place as part of budget savings plan, with regular establishment meetings taking place to review all vacancies and high-cost areas of spend to ensure all critical vacancies are being filled where applicable. This is done via regular recruitment events and advertising. The service has a robust recruitment strategy which includes a retention plan which is monitored via stay/text questionnaire completion by senior members of the management team.</li> <li>The iMatter staff experience survey continues, to ensure senior managers are able to get feedback from employees about what is important to them in the workplace.</li> <li>In Arran, there are ongoing high costs of agency to support Montrose House Care Home to meet staffing legislation requirements for residents. A contract with the agency is in place to help reduce these costs and there is a rolling recruitment programme for vacant posts and a variety of recruitment opportunities have been explored including a recruitment campaign with assistance of an external agency.</li> <li>Roles have been diversified to support challenges, e.g. Psychiatry has expanded MDT responsibilities to enable psychiatrists to focus on the most complex cases, and Health Care assistant roles have been developed in wards for long-term conditions.</li> <li>Collaborative recruitment in A&amp;A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership</li> <li>Exit interviews with staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction</li> </ul>						<ul style="list-style-type: none"> <li>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.</li> <li>North Ayrshire is one of 3 areas in Scotland as part of the CHES programme (Collaboration for Health Equity Scotland) which launched in February 2025 - this programme is a partnership between NAC and the IJB and will involve all public sector partners to determine: <ul style="list-style-type: none"> <li>What are the most impactful areas for intervention for Scotland to make meaningful progress in closing the inequalities gap in healthy life expectancy?</li> <li>What action can be taken to enable national and local organisations to work more effectively together to close the recognised implementation gap between policy intent and impact?</li> </ul> </li> </ul>						
SRR08	<b>Workforce</b> - failure to recruit and retain and plan workforce requirements effectively leading to an inefficient 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 (usually updated by Seony Ross)	Updated	<ul style="list-style-type: none"> <li>North Ayrshire, the programme will focus on 3 priorities in 3 specific areas.</li> <li>In March 2025 the HSCP submitted a workforce template to the Scottish Government which outlined workforce challenges for the HSCP including the agenda for change pay reform, demographic changes and increasingly complex needs, financial pressures, and recruitment challenges. No further guidance has yet been issued by the Government</li> <li>To develop the refreshed strategic plan for 2026, service engagement was carried out which asked services for their challenges and opportunities which included staffing and resource challenges for specific teams</li> <li>The learning and Development strategy for social work and social care 2023-2028 continues into its third year, continuing to offer training and succession planning.</li> <li>HR and service leads will continue to meet quarterly to review, update and align workforce plans in line with evolving service demands and strategic planning requirements. Workforce Planning meetings incorporate a structured review of external factors using PESTLE to ensure workforce strategies remain responsive and proactive.</li> <li>The Care at Home service has an ongoing recruitment review in place as part of budget savings plan, with regular establishment meetings taking place to review all vacancies and high-cost areas of spend to ensure all critical vacancies are being filled where applicable. This is done via regular recruitment events and advertising. The service has a robust recruitment strategy which includes a retention plan which is monitored via stay/text questionnaire completion by senior members of the management team.</li> <li>The iMatter staff experience survey continues, to ensure senior managers are able to get feedback from employees about what is important to them in the workplace.</li> <li>In Arran, there are ongoing high costs of agency to support Montrose House Care Home to meet staffing legislation requirements for residents. A contract with the agency is in place to help reduce these costs and there is a rolling recruitment programme for vacant posts and a variety of recruitment opportunities have been explored including a recruitment campaign with assistance of an external agency.</li> <li>Roles have been diversified to support challenges, e.g. Psychiatry has expanded MDT responsibilities to enable psychiatrists to focus on the most complex cases, and Health Care assistant roles have been developed in wards for long-term conditions.</li> <li>Collaborative recruitment in A&amp;A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership</li> <li>Exit interviews with staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction</li> </ul>	12	4	3	12	High	<ul style="list-style-type: none"> <li>A new workforce plan for the HSCP which considers the above information, as well as projected demographic challenges, will be developed in 2027.</li> <li>With the addition of a Workforce Data Analyst, a review of workforce information was undertaken and a phased release of new efficiently produced information developed. This information is being phased into use starting with the extension of core absence information to include - absence reason, absence cost, recruitment, vacancies - now as a core element included in the Partnership's quarterly performance report to the IJB Performance and Audit Committee.</li> <li>A revised approach to jointly managing waiting lists has been implemented. Adult Providers have access to current waiting lists at all times and face to face meetings are also taking place to minimise waiting times for services users as much as possible and maximise providers staffing resources.</li> <li>A review of provider forums is almost complete - the focus has been on consulting with providers to ensure a clear understanding of what the key issues are that the HSCP could support providers with at this time.</li> <li>The HSCP continues to review the structure on an iterative basis with opportunities progressed as they arise to look at senior roles and to undertake gap analysis on roles and levels within the HSCP to better deliver on team and partnership outcomes. Examples of this being the recent review of the leadership structure in relation to finance and transformation and the review of disability services which introduced Senior Practitioner roles to the team. The review will continue on that basis, led by opportunity and service need</li> <li>Increased focus on vacancy management and recruitment alongside service impact and for service areas with workforce shortage proactively looking to skill mix and different roles to address recruitment challenges - examples being SLT and OT.</li> </ul>	9	3	3	9	Moderate	Treat
SRR09	<b>Local Impact of 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 NHS Agenda for Change in the Reduced Working Week, the Promise, the Living Wage, Free Personal Care and other future policy developments including the now amended 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	Updated	<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>Attendance and participation at the national Chief Officer network.</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>	16	4	4	16	High	<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>	12	4	3	12	High	Treat
SRR12	<b>Clinical and Care Governance:</b> 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"> <li>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.</li> <li>ongoing review of established structures and processes to assure Integration Joint Boards, Health Boards and Local Authorities</li> <li>empowering clinical and care staff to contribute to the improvement of quality</li> <li>making sure that there is a strong voice of the people and communities who use our services.</li> <li>ensure that professional leadership develops good governance for each of the following components: culture, systems, practices, performance, vision and leadership.</li> <li>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.</li> <li>Health and community Care have developed a governance Board to ensure feedback to the overarching Clinical and Care Governance arrangements.</li> </ul>	9	3	3	9	Moderate	<ul style="list-style-type: none"> <li>Continue to develop and monitor key performance indicators and report effectively through governance framework.</li> <li>Ensuring we further develop clear and consistent reporting frameworks acknowledging the growing risks posed to service delivery due to financial and resource constraints.</li> </ul>	9	3	3	9	Moderate	Tolerate



# 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"> <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 claims.</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> <li>Minor error due to ineffective training / implementation of training.</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 / implementation of training.</li> <li>Ongoing problems with staffing levels</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 / implementation of 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> <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