

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		

Risk Ref	Description of Risk	Risk Owner	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>Financial Sustainability of the Health and Social Care Partnership - 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 £22m. 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 £20m in the best case to £32m 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 budget was considered by the IJB on 13th March 2026 where a budget gap of £9.1m required to be addressed, savings have been approved with many carrying significant risk of delivery, including the implementation of the Critical only criteria for social care services.</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 and subsequent escalation to Level 4 of NHS AA, there are risks associated with decisions taken to reduce the Board's deficit which may have impacts on other parts of the health and care system. The Partnership is projecting an overspend of £2.7m (month 10) in 2025/26, some of this overspend will continue into 2026/27 and is included in the budget gap to be addressed on a recurring basis.</p>	Chief Finance Officer (Eleanor Currie)	<ul style="list-style-type: none"> 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. Previous financial settlements have seen both partners meet the Scottish Government settlement conditions with any additional resources passed to the IJB. The Partnership has developed a 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. Management actions and governance framework were put in place during 2024/25 with actions being built upon since then and include further financial recovery actions including - recruitment delays, high cost care package scrutiny, enhanced oversight of childrens placements, reduction in care home admissions and managed care at home recruitment freeze to gradually reduce the overspend position. Financial control measures will continue into future financial years with the requirement to keep under review and add further measures as required. In preparation for the 2026/27 budget extensive public consultation and engagement undertaken with the public, staff, providers and community groups. IJB Finance Working Group in place since August 2024 - meets regularly to receive updates on financial position, consider plans, undertake deep dives and provide feedback to officers on proposals prior to formal IJB consideration. The 2026/27 budget was approved on 13th March 2026 - the IJB approved a balance budget with £9.1m of savings required, £5.8m of those savings require to be delivered in-year through the change in social care eligibility criteria. 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 Continued representation at the Chief Officer and CFO networks, Participation in SG sessions to outline the local and national financial position of IJBs. 	25	5	4	20	Very High	<ul style="list-style-type: none"> 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: condensing any workstreams into one singular project with defined benefits, closing or accelerating to completion any projects that are nearing their end and/or unlikely to deliver benefits, removing items from the Plan which are not projects, e.g. research, reviews, strategy updates. Ensuring any remaining projects have clearly defined objectives and benefits and support the HSCP's financial plans All recovery plan actions will be maintained into 2026/27 as will the operation of the high cost care package group and vacancy controls. The IJB finance working group will continue to meet throughout 2026/27 and assist in the planning of the 2027/28 budget setting. Establish Programme Board to monitor and drive the implementation of the revised social care eligibility criteria. Robust oversight and approval for the outcome of care package reviews, through service resource allocation groups and high cost care package group Engagement with Audit Scotland and wider stakeholders re ongoing resource challenges Participation in Ayrshire Transformation Board to ensure opportunities for shared efficiencies are maximised Internal Audit to review adequacy of measures as part of internal audit plan 	16	5	4	20	Very High	Treat
SRR02	<p>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.</p>	Principal Manager Transformation (Stuart MacMillan)	<ul style="list-style-type: none"> 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. HSCP systems and performance team supporting work across the partnership and progressing developments and issues with systems 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 Implementation of Trakcare functionality within Adult Community Mental Health Services to manage patient clinics across all three Partnerships. MH Digital Transformation board established MH digital business case being developed to address future planning needs. Digital pilot for CYP neurodevelopment transformation with Strata Health. 	12	4	3	12	High	<ul style="list-style-type: none"> 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 2026. This group will have oversight of digital projects on the Transformation Board. Network access issues at NHS/NAC sites being explored and supported by NAC IT 	12	3	3	9	Moderate	Tolerate
SRR05	<p>Transformational Change Programme - 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)	<ul style="list-style-type: none"> Senior Manager leading on the delivery of the Transformation Plan. NAHSCP Transformation Board for oversight of programme development and delivery. Reporting regularly to NAHSCP Integration Joint Board. Development of Workforce Plan, and Digital and Data Plan, to ensure alignment with transformed products and services. Programme risk register in place, with high rated risks escalated to the Board. Alignment of service change/transformation plans to Strategic Plan priorities Raise awareness of Programme within the three parent organisations (including elected members and board members) via established reporting arrangements. Planning managers in place to support front line services with delivery 	12	4	3	12	High	<ul style="list-style-type: none"> Transformation Plan has been refreshed, updating project scopes and anticipated benefits A benefits management approach has been introduced and all projects will have benefit trackers assigned Transformation Board terms of reference has been approved Regular meetings in place with planning managers and Finance colleagues to ensure coordinated approach to change and transformation 	12	3	3	9	Moderate	Treat
SRR06	<p>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.</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)	<ul style="list-style-type: none"> Statutory governance arrangements defined by Integration Scheme are in place for representation at the IJB and sub-committees and reviewed within prescribed requirements. 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 	9	3	3	9	Moderate	<ul style="list-style-type: none"> Strengthened induction programme and governance training including code of conduct to be delivered throughout 2026 following the changes to IJB voting rights. Statutory Instrument to extend IJB Voting Rights to include lived experience, unpaid carer and third sector representatives will require update to standing orders following receipt of national guidance HSCP reviewing resourcing and capacity for demand to undertake SAERs. Proposal to enhance process with training and reviewing capacity across the three HSCPs. Ongoing Integration Scheme and Standing Orders review is underway to ensure fitness for purpose. Refresh of induction programme for new IJB members and refresher of code of conduct and standing orders planned during 2026. Regular PAC/Internal Audit review of governance processes. 	3	3	1	3	Low	Treat
SRR07	<p>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.</p>	Chief Officer (Caroline Cameron)	<ul style="list-style-type: none"> 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. 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 and intended to reduce the pressures on the HSCP by anticipating future demand and aiming to improve outcomes at a population level. 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. 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. 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. 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. 	16	4	4	16	High	<ul style="list-style-type: none"> 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. The CHES Programme will continue with extensive engagement activity to ensure lived experience influences the recommendations made through the programme. 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 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. Proactive engagement with national reform strategies including the Operational Improvement Plan, Service Renewal Framework, Population Health Framework and Sub National Planning arrangements 	12	3	4	12	High	Treat

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SRR07 (cont)			<ul style="list-style-type: none"> 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. 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. 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. 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 principles in 3 specific areas: <ul style="list-style-type: none"> Give every child the best start in life, in the Fullarton, Castlepark south, bourtnehill area of Irvine Create fair employment and good work for all, in the Ardrossan central, Saltcoats central and Stevenston Haycock areas of Three Towns Strengthen the role and impact of ill health prevention, in the Garnock Valley. 						<ul style="list-style-type: none"> 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. 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"> What are the most impactful areas for intervention for Scotland to make meaningful progress in closing the inequalities gap in healthy life expectancy? 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? 						
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 (Caroline Cameron)	<ul style="list-style-type: none"> 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 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 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. 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. The Matter staff experience survey continues, to ensure senior managers are able to get feedback from employees about what is important to them in the workplace. 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. Collaborative recruitment in A&A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership Exit interviews with staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction The vacancy scrutiny group identifies key issues and ensures essential posts are recruited timeously. Workforce service plans being reviewed developed in alignment with national and local strategy with service redesign to optimise existing workforce capacity and address demand. This is across all areas starting with high priority risks. 	12	4	3	12	High	<ul style="list-style-type: none"> A new workforce plan for the HSCP which considers the above information, as well as projected demographic challenges, will be developed in 2027. 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. 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. 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 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. 	9	3	3	9	Moderate	Treat
SRR09	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, 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 care experienced bill. 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 (Caroline Cameron)	<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 and participation 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. Provide information to IJB on any risks of implementation of national policy, particularly where there are financial risks associated with full funding at a local level 	12	4	3	12	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 (Scott Hunter and Julie Barrett)	<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. Health and community Care have developed a governance Board to ensure feedback to the overarching Clinical and Care Governance arrangements. 	9	3	3	9	Moderate	<ul style="list-style-type: none"> Continue to develop and monitor key performance indicators and report effectively through governance framework. Ensuring we further develop clear and consistent reporting frameworks acknowledging the growing risks posed to service delivery due to financial and resource constraints. 	9	3	3	9	Moderate	Tolerate
SRR13	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. Particularly across community based support and also in residential settings including care homes. Supplier failure leads to risk to service users, potential for withdrawal of care and disruption to care plans.	Heads of Service	<ul style="list-style-type: none"> Reviewed and monitored via CAHOG and CHOG where intelligence and early warning signs are shared across agencies including the Care Inspectorate; Enhanced Contract management in place with monitoring tools; Monthly or quarterly management meetings with care providers if required; Formal support measures including quality of care monitoring; Financial background checks; National COSLA involvement; Moratoria (voluntary or compulsory) in place where risk to service users is considered identified. 	16	4	4	16	High	<ul style="list-style-type: none"> Continue with current governance, mitigation and control measures. Ongoing engagement with current Community Support Providers. Where possible scope opportunities for additional providers to support capacity/contingency plans. Promote 'open book' approach with providers re financial position Alignment of community based provider rates with East and South Ayrshire HSCPs Ensure services have business continuity plans to minimise impact on service users. Engagement with SG and COSLA over financial viability and sustainability concerns, ensuring visibility of risks and support nationally, contributing to Roundtable discussions re eNICs and financial viability short term working group. Sharing of information and North Ayrshire risks with SG re impact on providers and service users 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. 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. 	16	4	4	16	High	Treat
SRR14	Asylum Arrivals - there is a growing risk to health, primary care and social care sustainability, as the numbers of adult asylum seekers dispersed by the Home Office grows, the number of unaccompanied children and young people asylum seekers and trafficked young people grows.	Head of Service - Children, Families and Justice (Elizabeth Stewart)	<ul style="list-style-type: none"> North Ayrshire Refugee taskforce led by NAC Housing, attended by Home Office and MEARs dispersal agents, Agreed targets with COSLA for Mears and resettlement schemes - new MOD scheme has not yet set targets. NHSAA Public Health continues to screen and treat TB and blood borne virus issues. Refugee Support Team is no longer in existence; therefore, the process to screen and assess health of all new asylum seeker arrivals has ended. From an Unaccompanied Asylum Seeker Children perspective, responsibility for health assessments has reverted back to the school nursing service, although concerns remain about this approach. 	12	3	4	12	High	<ul style="list-style-type: none"> Continue governance approaches Finance team continues to map impact on children's houses from unaccompanied asylum seekers and trafficked young people. NHSAA Public Health continues to screen and treat TB and blood borne virus issues, HSCP Refuges Support Team continues to screen all new arrivals including UASC linking with Public Health, social work, and other services as required Impact statements provided to Home Office and MEARs about on-going stresses on primary care, HSCP Health and Social Care in specific towns and villages as agreed targets likely to be exceeded Closer working with NAC Housing colleagues to ensure when arrival over 16 that accommodation is provided via housing rather than children's placements 	12	3	4	12	High	Treat

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SRR15	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. The HSCP moved to Critical eligibility criteria for social care services from 1st April 2026. This results in a greater likelihood of residents experiencing harm as a result.	Operational Heads of Service and CSWO	<p>CHILDREN AND JUSTICE SERVICES:</p> <ul style="list-style-type: none"> * Waiting list guidance produced and cascaded amongst teams which directs how to manage with cases which are awaiting allocation including escalation process * Duty Social Work System as point of contact for cases not yet allocated * Monthly waiting lists reports produced to allow HoS to maintain oversight of unallocated cases. * Where appropriate, review meetings convened to discuss cases where risk is escalating. <p>COMMUNITY CARE & HEALTH:</p> <ul style="list-style-type: none"> * Standard operational procedures associated with Social Work and Service Delivery Teams around the management of risk * Social Work duty system * H&CC Unmet Need Oversight Group which meets on a weekly basis * Daily delayed discharge oversight * Daily Care at Home waiting list review * Weekly resource group meeting with Senior Managers * Monthly MDT meeting with H&CC teams and partners identify people as early as possible for supports and escalation. <p>MENTAL HEALTH:</p> <ul style="list-style-type: none"> * Weekly resource group meetings to discuss any new care packages and revisions to existing care packages. * Regular waiting list reviews * Standard operational procedures associated with Social Work and Service Delivery Teams around the management of risk * Social Work duty system <p>AHPS:</p> <ul style="list-style-type: none"> * Prioritisation at point of referral to higher risk patients, offering telephone support to others, reviewing criteria and access for specialist, targeted and universal responses 	16	5	4	20	Very High	<ul style="list-style-type: none"> * Clear reporting of risks and trends in waiting lists through appropriate governance groups. * Reporting and escalation to SG through regular unmet need returns and engagement/discussions re level of resource. * Pursue opportunities across the wider system to support investment in early intervention supports to support residents at an earlier point. * Take steps to ensure the safe implementation of critical eligibility criteria including reviews of individual care packages, supported by a Programme Board, guidance for services and practitioners, clear and concise communications to service users and stakeholders and a robust monitoring framework which will track progress and outcome from reviews, service demand and response indicators and risk associated activity * Oversight by Governance groups including Healthcare Governance and Social Work Governance, reporting into Public Protection Committees and the COG 	16	4	4	16	High	Tolerate
SRR16	Growth and expansion of specialist complex care developments - there has been a rapid increase across the independent sector in North and South Ayrshire since 2020 which lack alignment with local commissioning plans. This results in an exponential growth in unforecasted referrals to community and inpatient Mental health and Learning disabilities services leading to an impact on capacity and demand on MDT's and inpatient occupancy levels when placements breakdown. The out of area demand lacks alignment with the principles enshrined in the Scottish Government 'Coming Home report', resulting in significant delayed discharge and high costs associated with inpatient stay and Scottish Government guidance regarding 'ordinary residence' and dual health board responsibility for NHS health care provision is exacerbating this position.	Head of Service- Mental Health and Learning Disabilities (Thelma Bowers)	<ul style="list-style-type: none"> * Engage with Housing and Planning Departments to be aware of new applications at an early planning stage. * Use provider forums to discuss emerging risks/concerns/developments and agree appropriate contingency plans. * Work with Scottish Government (HIS) to contribute and influence the national work on dynamic support registers to ensure these are being utilised appropriately. * collaborative working across Ayrshire HSCP's to develop local complex care solutions * Share information through existing governance groups including Care Home and Care at Home Oversight Groups * Pro active escalation of our of area placement breakdown with placing authority to ensure consideration of social work intervention from responsible area and engagement with care provider. * Seek early legal advice from NAC and NHS Legal teams on accountabilities and position for NA 	25	5	5	25	Very High	<ul style="list-style-type: none"> * Develop a collaborative framework of communication to influence registration applications to Care Inspectorate for specialist and highly specialist units. * Review service models including LD acute assessment. * continue to review and develop outreach support models as an alternative to admission. * Agree and deliver recommendations of Complex care business case in collaboration with housing and future Strategic Housing investment plans where required for future years, to ensure we can meet the needs of our own local population. * Proactively work with incoming providers to develop referral pathways and ensure appropriate staffing and support in place, including GP local enhanced services * Escalate cross-boundary concerns to CI, SG and MWC to seek resolution and support. * Ensure that anyone placed in North Ayrshire by other authorities are on the placing authorities DSR. Where there is risk of placement breakdown that they are identified as RED and that fortnightly Action Plan meetings are convened. Open and maintain dialogue with the allocated workers from placing authority to determine actions being taken by then to assist in reviewing and/or stabilising the situation. * Where information is known about someone being at risk of placement breakdown and requests for admission to in-patient setting made, the General Manager for Woodland View and bed manager should be made aware at the earliest opportunity. Where the situation allows a multi-disciplinary and cross authority pre-admission should be convened at the earliest opportunity. 	15	3	5	15	High	Treat