

Subject: **Strategic Risk Register**

Purpose: To outline the Partnership Strategic Risk Register

Recommendation: To approve the Partnership Strategic Risk Register

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	The partnership's Risk Management Strategy was approved by the IJB on 15 December 2016. This report provides an update on the strategic risk register.
2.	BACKGROUND
2.1	This is the second Strategic Risk Register of the partnership.
2.2	A Strategic Risk Register is a requirement of the Clinical and Care Governance Framework.
2.3	Risk workshops were held during 2017 with each service area to enhance their understanding of the risk strategy and review the strategic risk register.
2.4	The strategic risk templates are more detailed than previously reported and follow the same template used by the NHS.
2.5	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 in December 2018.
2.6	The risks identified are as follows and the strategic risk templates outline these in detail in Appendix A:

	Ref	Title	Status	Score pending further controls (highest listed)
	1	Impact of Budgetary Pressures on Service Users	Treat	20 Very High
	2	IT Systems	Treat	12 High
	3	Culture and Practice	Treat	12 High
	4	Delivery of the Change Programme	Treat	15 High
	5	Governance	Tolerate	9 Moderate
	6	Demography and Inequality Pressures	Tolerate	12 High
	7	Workforce	Treat	12 High
2.7	The scoring of the risks is based the severity of the risk multiplied by the likelihood of it happening. Background to this is given in the extract of the approved risk management strategy in Appendix B.			
3.	PROPOSALS			
3.1	It is proposed to approve the risk register detailed in Appendix A including the action required to manage and control the risks.			
3.2	<u>Anticipated Outcomes</u>			
	<p>The implementation of a risk register will allow:</p> <ul style="list-style-type: none"> • Risk information to be collated in a consistent format allowing comparison of risk evaluations • Informed decision-making in relation to prioritising resources 			
3.3	<u>Measuring Impact</u>			
	The risk register will be monitored with the individual risk owner being responsible for keeping the register up to date under the overview of the Principal Manager – Finance.			
3.2	It is recommended that risk assessments be reviewed on an annual basis as a minimum. The register will be monitored quarterly to ensure the actions required to manage and control the risk are being progressed.			
3.3	Risk updates will be provided to the IJB and PAC at least annually.			
4.	IMPLICATIONS			

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	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.
Risk Implications :	Failure to approve the report would result in a gap in the governance structure of the partnership.
Community Benefits :	None

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	

5.	CONSULTATION
5.1	The strategic risks have been reviewed by the NHS and Council risk sections and agreed by the PSMT.
6.	CONCLUSION
6.1	That the IJB approve the risk register including the action required to manage and control the risks.

For more information please contact Eleanor Currie, Principal Manager – Finance on 01294 317814 or Eleanorcurrie@north-ayrshire.gcsx.gov.uk

Appendix A

Risk Templates

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 Title	Impact of Budgetary Pressures on Service Users	Assessment No	NAHSCP 2018-01	Risk Manager	Head of Finance and Transformation
Risk Description ¹	Lack of core funding leading to service user assessed needs being unmet, resulting in North Ayrshire Health and Social Care Partnership (NAHSCP) being unable to provide care to meet its Statutory Duty leading to poor service user outcome and adverse publicity.				
Additional comments / Supporting Statement	NAHSCP has experienced significant demand across its services in 2017/18 impacting on the partnerships ability to meet demand with the budget resources available. As a result waiting lists are being used to manage demand and include individuals who have been assessed as having critical and substantial needs resulting in delays in the provision of the support required. Further, the transition to Ward 1 in Woodland View and the modern, fit for purpose single-room environment it offers, requires additional workforce capacity to ensure safe levels of nursing cover and high quality care.				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ²	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
The NAHSCP continues to be proactive in responding to the financial challenge and seeks to ensure that budget and spending decisions are taken in line with key priorities. A Medium Term Financial Plan (MTFP) was developed during 2017 and is	<u>Financial</u> There is still a risk that the partnership will spend over the approved budget if savings identified as part of the budget and MTFP are not delivered. This is evident around the NHS element of the budget which has £2.5M of unachieved CRES savings carried forward into 2018/19.	Work is ongoing with the NHS in relation to unachieved CRES savings. The NHS Corporate Management Team is reviewing all unachieved CRES savings in conjunction with acute services and the three HSCPs to find a solution.		The remaining risks are scored based on current and future controls all being implemented. <u>Financial</u> There is still a risk that the partnership will spend over the approved budget if savings identified as part of the budget and MTFP are not delivered and the mitigating action plan does not address the full amount of the unachieved saving. 5 x 3 = 15 High ■	

¹ Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

² The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>being refreshed to cover 2018/19 – 2020/21. This will provide a framework for monitoring progress against delivering a balanced budget over the medium term. The HSCP actively participates in the budget setting of both partners to ensure that the impact of increasing demand and current funding shortfalls are considered when partners set their budgets and allocate funds to the HSCP.</p> <p>Robust monitoring of the HSCP revenue budget and spending is in place. A budget management audit was undertaken and the action plan is being implemented.</p> <p>The NAHSCP has a well-developed Change Programme which is designed to reconfigure services, secure</p>	<p>5 x 4 = 20 Very High ■</p> <p><u>Patient Experience / Outcome</u> The patients' needs could still be unmet.</p> <p>2 x 4 = 8 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u> There could be adverse publicity and / or damage to the reputation of the partnership due to the failure to meet statutory duties and waiting times.</p> <p>3 x 3 = 9 Moderate ■</p>	<p>Continuation of key risk areas of spend are signed off by the relevant Head of Service.</p> <p>Continue to actively managing the demand for services using professional judgement to determine when care is provided and when it is waitlisted.</p> <p>Continue the operation of managed waiting lists to control demand</p>	<p><u>Patient Experience / Outcome</u> The patients' needs could still be unmet.</p> <p>2 x 3 = 6 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u> There could be adverse publicity and / or damage to the reputation of the partnership due to the failure to meet statutory duties and waiting times.</p> <p>2 x 3 = 6 Moderate ■</p>
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efficiencies through removing duplication and deliver the savings necessary to secure a balanced budget. This includes shifting resource from acute to community care.

A £4m Challenge Fund was created in 2017/18 (later reduced to £2.6m as £1.4m was required for mitigation). The projects will generate savings will form part of the 2018/19 and 2019/20 budgets.

The Strategic Plan for 2018/19 – 2020/21 was approved in April 2018. This takes cognisance of the reducing resources.

Key risk areas of spend are signed off by the relevant Head of Service until the spend is within budget. For LD care packages this is done via the

<p>Allocation of Resources Group (ARG).</p> <p>Effective budgetary control is part of the day to day activity in actively managing the demand for services using professional judgement to determine when care is provided and when it is waitlisted.</p> <p>Managed waiting lists should be operated to control demand.</p>				
Status of Risk i.e. Treat/Tolerate	Treat with the implementation of the Medium Term Financial Plan for 2018/19 – 2020/21.			
Assurance Statement on effectiveness of controls and status of action plan if applicable	The budgetary position and levels of service demand are monitored monthly through a range of one-to-one meetings; Team Meetings; and Partnership Senior Management Team, with regular onward reporting to the Integration Joint Board and both Parent Organisations. Based on these discussions control measures are agreed and implemented as far as possible, with areas for additional investment in future years highlighted to inform future budget setting.			
Assessors, Date and Review Date	Eleanor Currie	27/3/18	30/9/18	
Parent organisation for risk	<u>Both</u>			

Risk Title	Infrastructure - ICT System Integration	Assessment No	NAHSCP 2018-02	Risk Manager	Julie Davis
Risk Description ³	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 and risk to service users, patients and staff.				
Additional comments / Supporting Statement	<p>There are two strands to this risk:</p> <ol style="list-style-type: none"> 1) Technology to support agile working 2) An integrated system to share information <p>The Pan-Ayrshire IT strategy that was agreed in 2016 has been slow in moving forward. Whilst work is ongoing at a national level, local systems continue to be limited in potential solutions</p>				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ⁴	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
<p>Some pockets of agile and remote working have been implemented and evaluated, and work continues to roll these initiatives out to improve efficiency.</p> <p>Access to systems can be requested to allow NHS-Partnership staff access to NAC systems, and NAC-</p>	<p>No overarching strategic action plan for future ICT/Digital developments.</p> <p><u>Objectives and Projects</u> Reduction in scope to roll out agile working and team integration.</p> <p>4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u></p>	<p>Develop strategic direction with NHSAAA, EAHSCP and SAHSCP.</p> <p>To ensure that there are local arrangements in place to manage local risk.</p>		<p>The remaining risks are scored based on current and future controls all being implemented.</p> <p><u>Objectives and Projects</u> Reduction in scope to roll out agile working and team integration.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Patient Experience / Outcome</u></p>	

³ Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

⁴ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>Partnership staff access of NHS systems.</p> <p>An ICT action plan was developed in 2016</p>	<p>Inadequate applications for case management and reporting.</p> <p>There is a risk to service users / patients and staff if they cannot easily access information. E.g. Adult Support and Protection, Child Protection, lone working. .</p> <p>4 x 3 = 12 High ■</p> <p><u>Financial</u> The lack of integrated IT systems reduces the ability to adapt and change the way we work to assist in managing future demand by increased time to care.</p> <p>4 x 3 = 12 High ■</p>	<p>Monitoring of the ICT action plan to give oversight of progress.</p> <p>Action plan to be updated when the National Strategy is confirmed.</p>	<p>Inadequate applications for case management and reporting.</p> <p>There is a risk to service users / patients and staff if they cannot easily access information. E.g. Adult Support and Protection, Child Protection, lone working. .</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Financial</u> The lack of integrated IT systems reduces the ability to adapt and change the way we work to assist in managing future demand by increased time to care.</p> <p>3 x 3 = 9 Moderate ■</p>	
Status of Risk	Treat			
Assurance Statement on effectiveness of controls and status of action plan if applicable	Updates will be provided to PSMT. Council wide ICT developments are reported to the Council Transformation Board.			
Assessors, Date & Review Date	Amanda Rose	6/4/18	30/9/18	
Parent organisation for risk	Both			

Risk Title	Culture and Practice	Assessment No	NAHSCP 2018-03	Risk Manager	Stephen Brown
Risk Description ⁵	Failure to embed the appropriate culture, standards and positive behaviours of staff across the HSCP leading to failure in transforming the way we work resulting in not achieving the required transformational changes to move services forward.				
Additional comments / Supporting Statement	<p>Whilst we have successfully brought some services together, early lessons learned highlight that if culture, standards and behaviour are not addressed then change can be made more difficult.</p> <p>The Change Programme and Challenge Fund Projects are focused on early intervention and prevention to assist in stemming the impact of future demography increases.</p>				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ⁶	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
The Challenge Fund investment has allowed projects to be developed which transform the way we work with the original proposals having a clear focus on developing a culture of Families First while reviewing eligibility criteria, promotion of Self Directed Support and	<u>Objectives and Projects</u> The transformation of services requires all staff to be on board and changing the culture, standards and behaviours of all staff will take time. 4 x 3 = 12 High ■	Introduce different ways of working including MDTs Individuals and teams will be supported to change the way in which they assess, treat, and care for and support individuals if the principles of Realistic Care are to be delivered and the benefits realised in terms of increased		The remaining risks are scored based on current and future controls all being implemented. <u>Objectives and Projects</u> The transformation of services requires all staff to be on board and changing the culture, standards and behaviours of all staff will take time. 2 x 3 = 6 Moderate ■	

⁵ Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

⁶ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>refresh as well as consistent application of the Charging Policy.</p> <p>Phase two of the Challenge Fund will look at changing our current culture, practise and models of care with a focus on a reduction in statutory sector care with primacy being given to self-management, familial support and sign-posting to non-statutory alternatives.</p> <p>Full involvement of staff in every individual change programme will be actively encouraged and clearly defined benefits will be outlined and promoted throughout change programme.</p> <p>The organisational development plan will be implemented across the Partnership and will include sessions at varying levels and with all staff groups.</p> <p>PPD and EKSF/TURAS is undertaken with all individual staff on an annual basis.</p>	<p><u>Financial</u> If cultural change is not delivered we will be unable to meet increasing demand.</p> <p>4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u> There will be an unsatisfactory patient experience if we do not change the culture as current practice will not meet future demand.</p> <p>4 x 3 = 12 High ■</p> <p><u>Staffing and Competence</u> There is a risk that not all staff will fully engage.</p> <p>3 x 3 = 9 Moderate ■</p>	<p>levels of self-management, choice and control. To that end, a programme of practice development will be required ensuring North Ayrshire Health and Social Care Partnership develops:</p> <ul style="list-style-type: none"> • The capacity and capability of frontline staff to support individuals to adopt a self-management approach; • New tools to identify individuals likely to be at risk of admission now and in the future, ensuring prevention and early intervention to mitigate that risk; • The skills, expertise and practise of Practitioners to operate at the top of their licence in engaging with and supporting service users and Carers in a new way. • The use of Technology Enabled Care and emergent technologies. <p>With the evolution of fully integrated, multi-disciplinary teams at the heart of this work, it will be important to ensure that staff and managers from directly</p>	<p><u>Financial</u> If cultural change is not delivered we will be unable to meet increasing demand.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Patient Experience / Outcome</u> There will be an unsatisfactory patient experience if we do not change the culture as current practice will not meet future demand.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Staffing and Competence</u> There is a risk that not all staff will fully engage.</p> <p>2 x 3 = 6 Moderate ■</p>
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Continuation of the staff partnership awards to celebrate success. Stress surveys/engagement surveys are undertaken regularly to identify areas for focused improvement.		provided services, as well as from the third and independent sectors have the opportunity to participate in regular inter-disciplinary training and peer support networks to share learning and good practice.		
Status of Risk i.e. Treat/Tolerate	Treat.			
Assurance Statement on effectiveness of controls and status of action plan if applicable	Progress will be monitored via the Challenge Fund and Programme Board which will be created to oversee this change in practice.			
Assessors, Date and Review Date	David Rowland	15/3/18	30/9/18	
Parent organisation for risk	Both			

Risk Title	North Ayrshire Health and Social Care Partnership Transformational Change Programme Delivery	Assessment No	NAHSCP 2018-04	Risk Manager	Michelle Sutherland
Risk Description ⁷	Failure to deliver the Transformational Change programmes across the Partnership, involving North Ayrshire Council (NAC) and NHS Ayrshire & Arran (NHSAA) services may lead to the identified outcomes not being delivered; resulting in financial instability, reduced performance, deteriorating patient outcomes, and reputational damage within North Ayrshire Health and Social Care Partnership (NAHCSP).				
Additional comments / Supporting Statement	The Transformational Change Programme is a complex process of change involving NAC and NHSAA services, including the four Pan Ayrshire NHSAA operational directorates i.e. three H&SCP and Acute. Due to the range of these services and the Partnership integration of services agenda, there is a high degree of connectivity and dependency between the projects within the Transformational Change Programme. Evidence has shown that failure to meet the programme will have an impact on both clinical and social care with increased pressures will affect the standard of care and support being delivered.				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ⁸	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
NAHSCP Change programme steering group reporting to NAHSCP Integration Joint Board, NHSAA Performance Governance Committee which has oversight on behalf of the NHS Board and NAC	<u>Service/Business interruption</u> Elements of the service may not be delivered resulting in sub-optimal service provision e.g. Heart, stroke and Chest Scotland. 3 x 4 = 12 High ■ <u>Inspection / assessment / audit</u> Failure to meet the Transformational Change	Review the effectiveness of the governance structure for all programmes within Programme by October 2017 Raising awareness of Programme within the three		The remaining risks are scored based on current and future controls all being implemented. <u>Service/Business interruption</u> Elements of the service may not be delivered resulting in sub-optimal service provision 3 x 2 = 6 Moderate ■	

⁷ Describe the components of the risk in more detail i.e. focussing on the leading and result aspect.

⁸ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>Extended Leadership Team.</p> <p>Each programme has its own Programme Sponsor, Programme Lead, and Programme Board.</p> <p>Pan Ayrshire SPOG, NHSAA & NAC Scrutiny Groups review and professionally challenge business plan</p> <p>Scheduled meetings with Transformational Change Programme Managers to ensure effective communication throughout the change process on a 6 weekly basis. Cross fertilisation and knowledge transfer of Programme/project Managers.</p> <p>Development of Transformational Change Programme risk register to manage</p>	<p>Programme may lead to adverse scrutiny report from NHSAA, NAC and Scottish Government.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Adverse Publicity/Reputation</u> Failure of Transformational Change Programme may lead to negative staff morale, wellbeing and public perception of the organisation could lead to political/press involvement.</p> <p>4 x 2 = 8 Moderate ■</p> <p><u>Objectives and Projects</u> Conflicting demands leading to failure of Transformational Change Programme to deliver outcomes on time and increased pressures and negative impact on staff, services and resources.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Projects and Objectives</u> Ineffective communication and networking (formal and informal) across all levels of the Programme will impact on the success or failure of the Programme.</p> <p>3 x 3 = 9 Moderate ■</p>	<p>parent organisation via communications plan which is written in plain English and accessible to all stakeholders. (With effect June 2016).</p> <p>Raising awareness of Programme within the three partnership organisations political structures e.g. NAC elected members and NHAA non-executive directors</p> <p>Programme and project plans with clear timescales, responsible officers and project support in place.</p> <p>SPOG review of business cases prior to formal submission to corporate parents to highlight negative aspects</p>	<p><u>Inspection / assessment / audit</u> Transformational Change Programme may lead to adverse scrutiny report from NHSAA, NAC and Scottish Government.</p> <p>3 x 2 = 6 Moderate ■</p> <p><u>Adverse Publicity/Reputation</u> Failure of Transformational Change Programme may lead to negative staff morale, well-being and public perception of the organisation could lead to political/press involvement.</p> <p>4 x 2 = 8 Moderate ■</p> <p><u>Objectives and Projects</u> Conflicting demands leading to failure of Transformational Change Programme to deliver outcomes on time and increased pressures and negative impact on staff, services and resources.</p> <p>3 x 2 = 6 Moderate ■</p> <p><u>Projects and Objectives</u> Business Plans reduce the Transformational Change Programme in to defined elements, which may negatively impact on one another in</p>
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<p>risks associated with Programme change strands.</p> <p>Business Plans developed for each programme within Programme which identifies specific requirements for the successful delivery of each programme.</p> <p>Information sharing and lack of a single IT system does not support integrated working</p> <p>Return on investment of the ICF, challenge fund and Change Team cannot be determined.</p>	<p><u>Projects and Objectives</u> Business Plans reduce the Transformational Change Programme in to defined elements, which may negatively impact on one another in the longer-term, rather than creating a whole system solution.</p> <p>3 x 4 = 12 High ■</p> <p><u>Projects and Objectives</u> Information sharing and lack of a single IT system does not support integrated working</p> <p>3 x 5 = 15 High ■</p> <p><u>Financial</u> Mid-term financial plans in place to mitigate financial and investment risks. The change plans track financial savings, release and investment</p> <p>3 x 3 = 9 Moderate ■</p>	<p>Risk registers and mitigation plans in place for the Programme and Projects</p> <p>HSCP has an Information System and Sharing Steering Group in place however the legislative and professional bodies' guidance continues to create a complex environment.</p>	<p>the longer-term, rather than creating a whole system solution.</p> <p>3 x 4 = 12 High ■</p> <p><u>Projects and Objectives</u> Information sharing and lack of a single IT system does not support integrated working</p> <p>3 x 5 = 15 High ■</p> <p><u>Financial</u> Mid-term financial plans in place to mitigate financial and investment risks. The change plans track financial savings, release and investment</p> <p>3 x 3 = 9 Moderate ■</p>
Status of Risk	Treat		
Assurance Statement on effectiveness of controls and status of action plan if applicable	The Change Programme Steering Group meet quarterly, updates are provided to PSMT and the IJB		
Assessors, Date and Review Date	Michelle Sutherland, Partnership Facilitator – Change Programme, 2 nd April 2018		
Parent organisation for risk	NHSAA / NAC / Both ⁹		

Risk Title	Governance	Assessment No	NAHSCP 2018-05	Risk Manager	Karen Andrews
Risk Description ¹⁰	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.				
Additional comments / Supporting Statement	Clinical and Care Governance arrangements will be streamlined across all three HSCPs and NHS processes. This will include adverse events; complaints; and risk management.				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ¹¹	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
<p>Policies and procedures developed and in place for each function including the introduction of Complaints Handling Procedure for both HSCP and IJB.</p> <p>A Governance Team to support the governance arrangements of the HSCP.</p>	<p><u>Complaints / Claims</u> Despite having the mitigation and control measures in place there is still potential for complaints.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u></p>	<p>Governance updates on complaints, FOIs, Safety Action Notices etc., are reported on a quarterly basis to the HSCP Partnership Management Team.</p> <p>IJB receives 6 monthly updates on Clinical and Care Governance activity including</p>		<p>The remaining risks are scored based on current and future controls all being implemented.</p> <p><u>Complaints / Claims</u> Despite having the mitigation and control measures in place there is still potential for complaints.</p> <p>3 x 3 = 9 Moderate ■</p>	

¹⁰ Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

¹¹ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>Operational Governance / Delivery groups in place to ensure appropriate action planning and monitoring – these include :-</p> <ul style="list-style-type: none"> • Performance & Audit Committee; • Clinical and Care Governance Group; • Adverse Events Review Group; • Health & Safety Groups • Staff Partnership Forum <p>Agreed the process for making “directions” to North Ayrshire Council and NHS Ayrshire & Arran.</p> <p>Approved a Risk Management and a Strategic Risk Register</p> <p>A Health and Care Governance Framework was agreed by the IJB on 9th March 2017. This also covers governance arrangements in relation to complaints and customer feedback, risk management, health and safety, Internal</p>	<p>Despite having the mitigation and control measures in place there is still potential for adverse publicity if the measures are not fully complied with.</p> <p>2 x 3 = 6 Moderate ■</p>	<p>details of adverse events; significant case review; complaints. This update includes details of outcomes and lessons learned.</p> <p>The Public Records (Scotland) Act 2011 came into force in 2013 and states that named authorities are required to prepare a Records Management Plan (RMP) for the management of the authority’s records, and to submit the plan to the Keeper of the Records of Scotland for agreement. North Ayrshire Integration Joint Board is a named authority under the Act. The Keeper of Records of Scotland will invite IJBs to submit their in November 2018, for plans to be in place by March 2019. Arrangements are in place to meet this deadline.</p>	<p><u>Adverse Publicity / Reputation</u></p> <p>Despite having the mitigation and control measures in place there is still potential for adverse publicity if the measures are not fully complied with.</p> <p>2 x 3 = 6 Moderate ■</p>
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<p>Audit, workforce planning and public protection.</p> <p>Risk workshops were held with each service to improve risk management.</p> <p>North Ayrshire IJB has complied with all legislative requirements for IJBs which were introduced during 2017. These include :-</p> <ul style="list-style-type: none">• Model Publication Scheme• Climate Change Reporting• Records Management Plan• Complaints Handling Procedure				
Status of Risk i.e. Treat/ Tolerate	Tolerate			
Assurance Statement on effectiveness of controls and status of action plan if applicable	Governance is a standing item on the PSMT agenda and any issues can be quickly resolved.			
Assessors, Date and Review Date	Karen Andrews	28/3/18	30/9/18	
Parent organisation for risk	Both			

Risk Title	Demography and Inequality Pressures	Assessment No	NAHSCP 2018-06	Risk Manager	Stephen Brown
Risk Description ¹²	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, and an inability of services to provide adequate care.				
Additional comments / Supporting Statement	<p>The population of North Ayrshire is expected to fall over the next 10 years, however, the area is seeing a growth in the number of people aged 65 and over, with percentage of the population expected to increase from 22.3% to 27.5% in 2027. This means there will be a larger proportion of the population considered dependent (not economically active) compared to a shrinking working population (those who are economically active)</p> <p>39% of North Ayrshire's residents live in areas identified as amongst the most deprived in Scotland with levels of multi-morbidity (people with more than one chronic medical condition) being higher in the most deprived areas.</p> <p>The number of children living in poverty is increasing each year: In 2016 the Child Poverty Action Group (CPAG) reported that 7,051 (30.4%) children in North Ayrshire live in poverty, the second highest level of child poverty in Scotland (Glasgow City has the highest).</p>				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ¹³	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
Through delivery of the strategic plan, the Partnership sets out actions to tackle inequality through its Partnership Pledge and across all five of its strategic priorities. The partnership pledge:	<u>Service/Business interruption</u> Elements of the service may not be delivered if we cannot engage effectively with communities resulting in sub-optimal service provision. 3 x 4 = 12 High ■	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		The remaining risks are scored based on current and future controls all being implemented. <u>Service/Business interruption</u> Elements of the service may not be delivered if we cannot engage effectively with	

¹² Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

¹³ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>The partnership pledge changes the relationship we have with local people and informs them what they can do to help improve the health and wellbeing of people and communities in North Ayrshire. The pledge sets out our commitment to working closer with local people, by working together we can improve health and wellbeing as well as reduce demand on local services. It invites people to consider actions that impact on their health and asks them to support neighbours, family and friends in times of need.</p> <p>In addition to the pledge, we have many actions within each of the strategic priorities including:</p> <ul style="list-style-type: none"> • Tackling Inequalities • Engaging Communities • Prevention & Early Intervention • Improving Mental Health & Wellbeing • Bringing Services Together 	<p><u>Objectives and Projects</u> Conflicting demands leading reduction in ability to meet strategic plan objectives. 4 x 3 = 12 High ■</p> <p><u>Financial</u> Failure to deliver the strategic plan objectives could increase the demand and cost of future care. 4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u> Potential increase in mental and physical ill health. 4 x 3 = 12 High ■</p>	<p>and its impact on health and wellbeing.</p> <p>Develop teams around the 'family' to help us respond more efficiently to the needs of children at the earliest possible stage</p> <p>Expand Community Link Workers service to assist individuals to understand the full range of formal and informal community based services available to them</p> <p>Programme and project plans with clear timescales, responsible officers and project support in place.</p>	<p>communities resulting in sub-optimal service provision.</p> <p>2 x 3 = 6 Moderate ■</p> <p><u>Objectives and Projects</u> Conflicting demands leading reduction in ability to meet strategic plan objectives. 2 x 3 = 6 Moderate ■</p> <p><u>Financial</u> Failure to deliver the strategic plan objectives could increase the demand and cost of future care. 4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u> Potential increase in mental and physical ill health. 3 x 3 = 9 Moderate ■</p>
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Full detail of the specific actions against each of the bullet points are in the Strategic Plan.

In addition the Money Matters service will continue to work with vulnerable families, providing them with benefits advice and helping to maximise household incomes. We will continue to support carers through the implementation of the Carers Act and further roll out of the Carer's Appreciation Card which offers local carers discounts and benefits from a number of local businesses.

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 the Medium Term Financial Plan.

The Change Programme and Challenge Fund Projects are focused on early intervention and prevention to assist in stemming the impact of future demography

increases.				
Status of Risk i.e. Treat/ Tolerate	Tolerate			
Assurance Statement on effectiveness of controls and status of action plan if applicable	Monitoring systems are in place and responsibility for tackling inequalities are shared across all Community Planning partners.			
Assessors, Date and Review Date	Michelle Sutherland	29/3/18	30/9/18	
Parent organisation for risk	Both			

Risk Title	Workforce	Assessment No	NAHSCP 2018-07	Risk Manager	Stephen Brown
Risk Description ¹⁴	Failure to workforce plan leading to an insufficient workforce (number of staff and competency levels) available resulting in a reduction in capacity to safely and effectively care for local people.				
Additional comments / Supporting Statement	There are historic recruitment difficulties, high rates of turnover and above target rates of sickness absence within directly managed services and an increasingly fragile independent and third sector provision of Care Home and Care at Home services.				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ¹⁵	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
<p>Assiduous application of Health and NAC Absence Management policies.</p> <p>Engagement with the new Supporting Attendance Officers to secure additional help and support in managing absence.</p> <p>Engagement with local secondary schools to expand the range of work experience and modern apprentice options that</p>	<p><u>Staffing and Competence</u> No/lack of suitable applicants as posts alongside competition from neighbouring boards for a limited pool of suitable candidates.</p> <p>4 x 3 = 12 High ■</p> <p><u>Staffing and Competence</u> Potential for inequity across Partnership services if the Minimum Staffing Legislation is only designed to cover nursing or health staff</p> <p>4 x 3 = 12 High ■</p>	<p>Undertake workforce planning for each transformational change programme within services.</p> <p>Develop minimum safe staffing levels across all staff groups and factor this into the Workforce Plan and Medium Term Financial Plan.</p> <p>The creation of pan-Ayrshire Strategic Commissioning plans to move from competitive to collaborative staffing models.</p>		<p>The remaining risks are scored based on current and future controls all being implemented.</p> <p><u>Staffing and Competence</u> No/lack of suitable applicants as posts alongside competition from neighbouring boards for a limited pool of suitable candidates.</p> <p>2 x 3 = 6 Moderate ■</p> <p><u>Patient Experience / Outcome</u> Inability to delivers services.</p> <p>2 x 3 = 6 Moderate ■</p>	

¹⁴ Describe the components of the risk in more detail i.e. focusing on the leading and result aspect.

¹⁵ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>are available to promote a career in care.</p> <p>Engagement with Ayrshire College to refine and expand the range of options available for students to experience service delivery in North Ayrshire.</p> <p>Conduct exit interviews with all staff to understand reasons for leaving, using this intelligence to improve working conditions and make NAHSCP a more attractive employment prospect.</p> <p>Work with local providers to understand the pressures they face and support them, in the context of the National Care Home Contract and the work underway to develop a Cost of Care calculator.</p> <p>Subject to the outcome of the review of Step-down Care provision, make the</p>	<p><u>Patient Experience / Outcome</u> Inability to deliver services.</p> <p>4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u> Loss of appropriate skill mix will potentially impact staff morale</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Complaints / Claims</u></p> <p>Potential for complaints due to the inability to deliver services.</p> <p>Score 4 x 3 = 12 High ■</p> <p><u>Service / Business Interruption</u></p> <p>Lack of staff could result in some disruption to service with an unacceptable impact on service user care or temporary loss of ability to provide service.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u></p> <p>Failure to provide a service could result in adverse publicity.</p>	<p>Transforming services towards self care to change the future workforce requirements.</p>	<p><u>Patient Experience / Outcome</u> Loss of appropriate skill mix will potentially impact staff morale</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Complaints / Claims</u></p> <p>Potential for complaints due to the inability to deliver services.</p> <p>Score 3 x 3 = 9 Moderate ■</p> <p><u>Service / Business Interruption</u></p> <p>Lack of staff could result in some disruption to service with an unacceptable impact on service user care or temporary loss of ability to provide service.</p> <p>2 x 3 = 6 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u></p> <p>Failure to provide a service could result in adverse publicity.</p> <p>3 x 3 = 9 Moderate ■</p>
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<p>case for staffing levels in line with the outcome from the workforce tool to improve working conditions and thereby recruitment and retention, as well as sickness absence.</p> <p>Early identification of vacancies</p> <p>Timeous submission of recruitment paperwork</p> <p>Workforce Planning Group within EAHSCP and SAHSCP</p> <p>Review job plans</p> <p>National workforce plan</p>	3 x 3 = 9 Moderate ■			
Status of Risk i.e. Treat/Tolerate	Treat			
Assurance Statement on effectiveness of controls and status of action plan if applicable	Sickness absence and recruitment / retention is proactively managed and monitored monthly through a range of one-to-one meetings and Team Meetings. Based on these discussions control measures are agreed and implemented as far as possible, with areas for improvement agreed and incorporated into action plans.			
Assessors, Date and Review Date	Assessor – David Rowland Date – 28 March 2018 Review Date – 30 September 2018			
Parent organisation for risk	Both			

Appendix B

Extract from the Risk Strategy on Risk Scoring

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

“Domains”	Severity				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and projects	<ul style="list-style-type: none"> 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 claim.
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. 	<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.

			<ul style="list-style-type: none"> ▪ Ongoing problems with staffing levels 		
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

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