

Integration Joint Board
17 March 2022
Agenda Item No.

Subject: **Strategic Risk Register**

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

Recommendation: To approve the updated IJB Strategic Risk Register

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

1.	EXECUTIVE SUMMARY
1.1	This report provides an update on the strategic risk register, to help ensure the IJB are proactive in identifying and managing the risks to the successful delivery of our Strategic Plan.
2.	BACKGROUND
2.1	A Strategic Risk Register is a requirement of the Clinical and Care Governance Framework and as part of our Risk Management Strategy, which was last approved by the Performance and Audit Committee in June 2019.
2.2	<p>The review focussed on updating previous risks and identifying new risks.</p> <p>There are two new risks:</p> <ul style="list-style-type: none"> • SRR10 – National Care Service • SRR11 – Clinical and Care Governance <p>One risk has been removed from the register:</p> <ul style="list-style-type: none"> • SRR03 – Culture and Practice <p>The remaining previous risks have been updated to reflect any additional mitigating action and reassessed on that basis.</p>

2.3	The actions required to manage and control the risks have been identified and they will be subject to ongoing monitoring and review by the PSMT with an update to be reported to the Performance and Audit Committee.																																																																		
2.4	<p>There are 10 risks noted on the Strategic Risk Register, with a number of these graded as high risk. While there are a number of controls and mitigations in place there may be further actions required to reduce the risks further in line with the level of risk tolerance. The current Strategic Risk Register is included as Appendix A.</p> <p>The risks are summarised below:</p> <table><tr><th>Ref</th><th>Title</th><th>Gross Risk (score pending further controls) 2021</th><th>Residual Risk (score after further controls) 2021</th><th>Gross Risk (score pending further controls) 2022</th><th>Residual Risk (score after further controls) 2022</th></tr><tr><td>SRR01</td><td>Financial Sustainability</td><td>15 High</td><td>12 High</td><td>15 High</td><td>12 High</td></tr><tr><td>SRR02</td><td>Infrastructure (ICT Integration)</td><td>12 High</td><td>9 Moderate</td><td>12 High</td><td>9 Moderate</td></tr><tr><td>SRR04</td><td>Transformational Change Programme</td><td>9 Moderate</td><td>6 Moderate</td><td>9 Moderate</td><td>6 Moderate</td></tr><tr><td>SRR05</td><td>Governance</td><td>9 Moderate</td><td>6 Moderate</td><td>9 Moderate</td><td>6 Moderate</td></tr><tr><td>SRR06</td><td>Demography and Inequality Pressures</td><td>12 High</td><td>9 Moderate</td><td>16 High</td><td>12 High</td></tr><tr><td>SRR07</td><td>Workforce</td><td>12 High</td><td>9 Moderate</td><td>12 High</td><td>9 Moderate</td></tr><tr><td>SRR08</td><td>Scottish Government Policies</td><td>16 High</td><td>12 High</td><td>16 High</td><td>12 High</td></tr><tr><td>SRR09</td><td>Covid-19 Recovery</td><td>20 Very High</td><td>15 High</td><td>20 Very High</td><td>15 High</td></tr><tr><td>SRR10</td><td>National Care Service</td><td>-</td><td>-</td><td>15 High</td><td>15 High</td></tr><tr><td>SRR11</td><td>Clinical and Care Governance</td><td>-</td><td>-</td><td>9 Moderate</td><td>9 Moderate</td></tr></table>	Ref	Title	Gross Risk (score pending further controls) 2021	Residual Risk (score after further controls) 2021	Gross Risk (score pending further controls) 2022	Residual Risk (score after further controls) 2022	SRR01	Financial Sustainability	15 High	12 High	15 High	12 High	SRR02	Infrastructure (ICT Integration)	12 High	9 Moderate	12 High	9 Moderate	SRR04	Transformational Change Programme	9 Moderate	6 Moderate	9 Moderate	6 Moderate	SRR05	Governance	9 Moderate	6 Moderate	9 Moderate	6 Moderate	SRR06	Demography and Inequality Pressures	12 High	9 Moderate	16 High	12 High	SRR07	Workforce	12 High	9 Moderate	12 High	9 Moderate	SRR08	Scottish Government Policies	16 High	12 High	16 High	12 High	SRR09	Covid-19 Recovery	20 Very High	15 High	20 Very High	15 High	SRR10	National Care Service	-	-	15 High	15 High	SRR11	Clinical and Care Governance	-	-	9 Moderate	9 Moderate
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2.5	The scoring of the risks is based the severity of the risk multiplied by the likelihood of it happening. The background to this is given in the extract of the approved risk management strategy in Appendix B.																																																																		
2.6	<p>The operational risks of the partnership are regularly reviewed and considered at service management meetings. The Clincial and Care Governance Group is responsible for the oversight of operational risks within the partnership. The Group consider any High or Very High risks (as defined by the approved risk management strategy) and if required esalate these to the Partnership Senior Management Team (PSMT) for consideration for inclusion on the Strategic Risk Register.</p> <p>There are no operational risks to be escalated to the Strategic Risk Register.</p>																																																																		
3.	PROPOSALS																																																																		

3.1	It is proposed to approve the risk register detailed in Appendix A including the action required to manage, mitigate and control the risks.
3.2	<u>Anticipated Outcomes</u>
	Risk management is an integral part of governance and it is essential that the IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of services.
3.3	<u>Measuring Impact</u>
	The risk register will be monitored with the individual risk owners being responsible for keeping the register up to date under the overview of the Principal Manager – Finance.
3.2	It is recommended that risk assessments be reviewed on an annual basis as a minimum. The register will be monitored by PAC to ensure the actions required to manage and control the risk are being progressed, with updates provided to the IJB and PAC at least annually.
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 :	The risk management approach is crucial to ensuring the IJB are able to meet strategic objectives.
Community Benefits :	None

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

5.	CONSULTATION
5.1	The strategic risks have been reviewed and agreed by the PSMT.
6.	CONCLUSION
6.1	That the IJB approve the strategic risk register including the actions identified to manage and control the risks.

For more information please contact:

Paul Doak, Head of Finance and Transformation at pdoak@north-ayrshire.gov.uk or Eleanor Currie, Principal Manager – Finance at eleanorcurrie@north-ayrshire.gov.uk

Appendix A

Strategic Risk Register

Glossary of Terms

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

Appendix B

Extract from the Risk Strategy on Risk Scoring

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

“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 claims.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to patient care. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of patient care 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / 	<ul style="list-style-type: none"> Non delivery of key objective / service due to lack of staff. Loss of key staff.

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

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

Risk Rating

LIKELIHOOD	SEVERITY				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Remote	1	2	3	4	5

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.

				Gross Risk											
Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score					Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR01	Financial Sustainability - financial failure from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives. Overall risk of budget not being aligned to delivering financial balance whilst delivering on strategic outcomes. This may lead to service user assessed needs being unmet, inability to deliver on the Strategic Plan, with a reduction in performance, progress not being made with national targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes that are not in line with the strategic objectives.	Head of Finance and Transformation	<ul style="list-style-type: none">* IJB actively monitors the partnership financial position.* Directors of Finance of the Council and Health Board have oversight.* Regular updates are provided to the Council's Cabinet.* A Chief Finance and Transformation Officer is in place within the HSCP to support delivery of transformation at scale and pace.* A Medium-Term Financial Outlook has been developed and will be presented to the March 2022 IJB.* Transformation Board overseeing the programme of service re-design.* Council's budget has £1.5m earmarked to support repayment of the outstanding debt (currently £3,807m).* Integrated approach to managing totality of NHS and LA resources delegated to the IJB.* Robust processes for monitoring projects and the monthly financial position ensuring financial projections can inform any correction action* Financial returns are submitted to the Scottish Government on a regular basis.* Significant funding for IJBs for Covid response, supported by regular returns to SG* Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB* Significant funding for IJBs for Covid response, supported by regular returns to SG.* Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB.* Focus on accuracy of data used to inform financial projections alongside regular review of waiting lists and approval processes.* Approach to implementing Financial Recovery Plan in recent years has proven effective to mitigate in-year overspends.	15	5	3	15	High	<ul style="list-style-type: none">* Continue to actively managing the demand for services using professional judgement to determine when care is provided.	12	4	3	12	High	Treat
SRR02	Infrastructure - ICT System Integration and Property - lack of an integrated IT system to meet the needs of NAHSCP leading to non-robust and inefficient information recording and sharing resulting in inefficient business models, duplication of effort, inaccurate or lack of data on service demand and delivery and risk to service users, patients and staff.	Head of Finance and Transformation	<ul style="list-style-type: none">* Some pockets of agile and remote working have been implemented and work continues to roll these initiatives out to improve efficiency.* Access to systems can be requested to allow NHS-Partnership staff access to NAC systems, and NAC-Partnership staff access of NHS systems.* Work has progressed to reduce the number of MH ancillary recording systems and consolidate data on centralised systems.* Working from home has accelerated the use of technology with more business being conducted via MS Teams.* HSCP systems and performance team supporting work across the partnership and progressing developments and issues with systems* Early stages of defining the new system set up for replacing CareFirst.* Work continues on the removal of a number of NHS Access databases.* Implementation of Trakcare functionality within Adult Community Mental Health Services to manage patient clinics across all three Partnerships.	12	4	3	12	High	<ul style="list-style-type: none">* Develop strategic direction with NHSAAA, EAHSCP and SAHSCP.* Ensure that there are local arrangements in place to manage local risk.* NHSAAA are undertaking a review of all MS Access databases in use for removal to centralised systems.* Replacement of the current social care system will include consideration of functionality which will support health service data requirements	9	3	3	9	Moderate	Tolerate
SRR04	Transformational Change Programme - failure to deliver transformational change impacting on financial sustainability, effectiveness of service delivery alongside negative impact on individual's outcomes through a failure to modernise services to meet current and future demands.	Head of Finance and Transformation	<ul style="list-style-type: none">* NAHSCP Transformation Board for oversight of programme development and delivery.* Reporting to NAHSCP Integration Joint Board, NHSAA Performance Governance Committee which has oversight on behalf of the NHS Board and NAC Extended Leadership Team.* Pan Ayrshire SPOG, NHSAA, NAC Scrutiny Groups & Staff Partnership Forum review and professionally challenge business plans* Scheduled meetings with Planning Managers to ensure effective communication throughout the change process on a 6 weekly basis.* Cross fertilisation and knowledge transfer of Planning Managers.* Development of Transformation Board risk register to manage risks associated with Programme change strands.* Alignment of service change/transformation plans to Strategic Plan priorities* Delivery Plans developed for each programme which identifies specific requirements for the successful delivery of each area, triggers exception reports to report when plans are not on track	9	3	3	9	Moderate	<ul style="list-style-type: none">* Raising awareness of Programme within the three parent organisations (including elected members and board members) via established reporting arrangements* SPOG review of business cases prior to formal submission to corporate parents to highlight negative aspects* Alignment of plans to Covid recovery* Development of full operational Workforce Plan to sit alongside plans	6	3	2	6	Moderate	Treat
SRR05	Governance - IJB governance arrangements are not conducive to effective working and decision making, Leading to a lack of confidence in the IJB and reputational damage. Failure to comply with governance requirements such as Freedom of Information, Complaints and other regulations laid down within the Public Bodies (Scotland) Act. This could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution.	Governance Officer (Karen Andrews)	<ul style="list-style-type: none">* Appropriate arrangements in place for representation at the IJB and sub-committees* Integration Scheme, Strategic Plan, Standing Orders and Code of Conduct in place* Policies and procedures developed and in place for each function including Complaints, FOIs/Adverse Events for both HSCP and IJB.* HSCP Governance Team in place, including Governance Assistants for FOI and AERG processes.* 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* North Ayrshire IJB has complied with all legislative requirements for IJBs which were introduced during 2017, including Model Publication Scheme, Climate Change Reporting, Records Management Plan, Complaint Handling Procedure.* Internal Audit review of IJB Governance concluded in 2021	9	3	3	9	Moderate	<ul style="list-style-type: none">* Development of IJB member induction programme was paused during pandemic but is now being finalised.* Recruitment of IJB stakeholders being progressed through social media, local press etc.* Standing Orders and Scheme of Delegation reviewed and approved in February 2022.* HSCP reviewing resourcing and capacity for demand to undertake SAERs. Proposal to enhance process with training and reviewing capacity across the three HSCPs.	6	3	2	6	Moderate	Treat

				Gross Risk					Residual Risk						Risk
Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Severity	Probability	Score	Rating	Proposed New Control Measures	Previous Score	Severity	Probability	Score	Rating	Tolerance / Appetite
SRR06	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.	Chief Officer (Scott Bryan)	<ul style="list-style-type: none">* Through delivery of the strategic plan the IJB sets out actions to tackle inequality through its Partnership Pledge and across all five of the strategic priorities.* Our Strategic Plan sets out Strategic Needs Assessment and our Strategic Planning Group and Locality Planning Forums work on the ongoing development of this* HSCP services work to address inequalities, for example our Money Matters service work with vulnerable families, providing them with benefits advice and helping to maximise household incomes.* The Partnership will continue to work closely with partners to deliver the Fair for All pledges and progress the Fairer Food agenda.* Demography increases are factored into budget planning to ensure the resource requirements are understood and funding is identified to meet needs* The Change Programme and previous Challenge Fund Projects are focused on early intervention and prevention approaches stemming the impact of future demography increases.* Equalities Impact Assessments considered as part of IJB decision making processes* Expand Community Link Workers service to assist individuals to understand the full range of formal and informal community based services available to them* Our Justice services offer greater levels of support to those with experience of the Justice system, providing offenders with employment and wellbeing support, and reducing the likelihood of reoffending.* We provide welfare training to staff across the HSCP, including NHS, NAC and Third Sector Staff, helping to better inform our workforce of the impact of inequalities.* We will also continue to undertake Equality Impact Assessments on all new policy or service proposals, ensuring we ass the impact of any proposals on identified protected groups. Further, the EIA process included assessment of how proposals meet the Fairer Scotland Duty.* Our commissioning and procurement process adopt ethical approaches, ensuring all commissioned services do not discriminate against any particular groups and provide real	12	4	4	16	High	<ul style="list-style-type: none">* Raise the profile of the impact of inequalities with our communities, staff, service users and volunteers through implementation of the strategic plan to ensure they have a firm understanding of inequalities and its impact on health and wellbeing. Demographic Measures <ul style="list-style-type: none">* Workforce plan will underline need to meet future demand resulting from population change* Strategic plan has key focus on providing early and effective support to help people remain as healthy as possible for as long as possible.* We will renew our Service Level Agreement with KA Leisure to deliver our health and wellbeing service to ensure people are supported to remain as physically health as possible. Inequalities Measures <ul style="list-style-type: none">* Embedding Money Matters staff in nine GP practices and seven local schools in North Ayrshire's more deprived areas, to improve access to financial advice and income maximisation services for local families.* By implementing new ways of working in Trindlemoss, people with a learning disability will have greater opportunities to develop skills and access meaningful paid employment	9	3	4	12	High	Treat
SRR07	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 (Scott Bryan)	<ul style="list-style-type: none">* Collaborative recruitment in A&A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership* Workforce Development Strategy (WDS) 2018-2021 approved by the IJB, interim workforce plan is being developed* Engagement with local secondary schools to expand the range of work experience and modern apprentice options that are available to promote a career in care.* Engagement with Ayrshire College to refine and expand the range of options available for students to experience service delivery in North Ayrshire.* Conduct exit interviews with all staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction* Work with local providers to understand the pressures they face and support them, supporting the implementation of the Scottish Living Wage and fair work agenda* Early identification of vacancies and timeous submission of recruitment paperwork to the vacancy scrutiny group* Managed risks to recruiting on a permanent basis rather than relying on temp recurring funding, through creative use of funding and alignment with other service needs/alternatives	12	4	3	12	High	<ul style="list-style-type: none">* Interim Workforce plan 2021-22 published. Includes support for workforce, including:<ul style="list-style-type: none">- Wellbeing programmes- Collaborative working across H&SC system- Trauma Support for staff- Home working support* In line with Scottish Government Guidance, a new Partnership three-year workforce plan will be developed and published in July 2022.* Undertake workforce planning for each transformational change programme within services* Establish optimum staffing levels across all staff groups and factor this into the WDS and Medium Term Financial Plan.* The creation of pan-Ayrshire Strategic Commissioning plans to move from competitive to collaborative recruitment models.* Commissioning plan due in 2022 will have a workforce development section.* Explore further opportunities for 'growing our own' similar to the programme for social work students* Workforce development and support identified as a key priority in the new Strategic Plan 2022-30. Actions aligned to the priority for the next 3 years include: <ul style="list-style-type: none">- Develop a staff health and wellbeing programme including, online mindfulness training, psychological wellbeing workshops and opportunities to access a range of wellbeing an leisure activities.- Deliver the Psychological Therapies Workforce plan- Develop and enhance the AHP workforce in line with MDTs- Increase our care at home workforce- Increase the community nurse workforce- Provide focused training and supervision, to ensure all staff are supported and confident in doing their job.	9	3	3	9	Moderate	Treat
SRR08	Scottish Government Policies: risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on strategic objectives, examples include the Promise, the Living Wage, Carers Act, Free Personal Care and other future policy developments including the National Care Service. The impact being the inability to deliver on these alongside strategic plan commitments and objectives and the impact of funding for new policy and legislative commitments.	Chief Officer	<ul style="list-style-type: none">* Horizon scanning for policy developments through partners, professional networks including links with Scottish Government policy teams* Regular liaison with Scottish Government and COSLA senior officers* Attendance at the national Chief Officer network.* Responses to consultations on potential implementation of new policy areas* Early impact assessments locally for national policies, including operational and financial service impact* Financial modelling to respond to requests for information to support full funding* Fully brief IJB members and wider partners on policy implications for the IJB to gather support and awareness of any implementation issues or concerns	16	4	4	16	High	<ul style="list-style-type: none">* Promote and develop pan-Ayrshire approaches to impact assessment of policy implementation* Reinforce the role of Elected Members and IJB members to influence Scottish Government decision making through political routes	12	4	3	12	High	Treat
SRR09	Covid-19 Recovery: Failure to remobilise services leading to a reduction in service provision in order to redirect and focus on prioritised activities. This could delay transformation and the strategic objectives of the partnership resulting in the following potential consequences: financial loss, increased waiting times, physical and mental health impacts on our staff and communities.	Chief Officer	<ul style="list-style-type: none">* Strategic, tactical and operational response groups formed with HSCP representation at Council, NHS Board and HSCP governance groups.* Work to identify recovery, renewal and transformation opportunities, aligned to budget plans for 2022-23* Refreshed business continuity management arrangements* Enhanced arrangements in place for oversight and support of commissioned social care providers, including professional Care Home Oversight Group and financial sustainability payments* Prioritise the health and wellbeing of our residents by protecting the most vulnerable in our society against the immediate threat of coronavirus.* Develop plans for individual service recovery incorporating the learning and experience from the Covid response and period of service disruption* Additional funding from the Scottish Government to support Enhanced Care at Home Capacity, Interim Care, Multi-Disciplinary Team and Mental Health Recovery and Renewal.	20	5	4	20	Very High	<ul style="list-style-type: none">* The Strategic Plan for 2022-25 will be presented to the IJB for approval in March 2022, setting out priorities for recovery* Framework for measuring demand and service performance to be developed to establish impact on services and communities* Support commissioned care provider sustainability through contract management process and aligning commissioned services with ongoing service delivery needs.	15	5	3	15	High	Treat

Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR10 (new)	National Care Service - Development of the National Care Service leading to uncertainty about the future delivery of services by the IJB resulting in an impact on the current services and staff.	Chief Officer	* Providing a full response to the Scottish Government Consultation after consultation with - North Ayrshire HSCP Extended Management Team, Strategic Planning Group, Workshop session with the IJB in September, Social Work and Health Care Governance, representation at North Ayrshire Council and NHS Ayrshire and Arran Board sessions, Representation at National Professional Leadership forums at sessions facilitated by Scottish Government. * Local programme of community engagement undertaken facilitated by the HSCP engagement officer. The purpose of the community engagement sessions was to make the consultation more accessible for individuals and community groups to provide their own responses to the SG consultation *.Keeping up to date with developments via the Chief Officer network and Chief Finance Officers Network * Continue the current transformation programme to continue to deliver the improvements intended to be achieved by integration of health and social care.	n/a	3	5	15	High	* Push for more information where there were significant gaps in the consultation e.g. in relation to support services, capital and assets and key commissioning links with acute NHS services for unscheduled care (e.g. set aside).	n/a	3	5	15	High	Treat
SRR11 (new)	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	*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.	n/a	3	3	9	Moderate	* With the evolution of fully integrated, multi-disciplinary teams at the heart of this work, it will be important to ensure that staff and managers from directly provided services, as well as from the third and independent sectors have the opportunity to participate in regular inter-disciplinary training and peer support networks to share learning and good practice.	n/a	3	3	9	Moderate	Tolerate