







South Ayrshire Health and Social Care Partnership – Strategic Risk Register.

February 2025

South Ayrshire HSCP has identified the following risks of strategic significance in line with the themes of Governance, Protection and Resources.

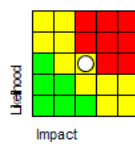
Risk Themes and Title and Risk Number		
Governance	Protection	Resources
<p>Risk Number 3 Communication and Reputation</p> 	<p>Risk Number 1 Adult and Child</p> 	<p>Risk Number 5 Financial Position HIGH RISK</p> 
<p>Risk Number 4 External Factors including Contingency Planning</p> 	<p>Risk Number 2 Climate Change and Sustainability</p> 	<p>Risk Number 7 ICT</p> 
<p>Risk Number 6 Good Governance Strategic Planning and Business Resilience</p> 	<p>Risk Number 12 Workforce Protection</p> 	<p>Risk Number 8 Population</p> 
<p>Risk Number 11 Service Quality</p> 		<p>Risk Number 9 Premises – HIGH RISK</p> 
		<p>Risk Number 10 Provider Organisations – HIGH RISK</p> 
		<p>Risk Number 13 Work Force Development – HIGH RISK</p> 

Input is provided by Risk Owners identified at Strategic level to ensure clear responsibility in terms of their management. Detail is provided on risk mitigations – both current and proposed.
 Target dates are recorded in respect of the achievement of the proposed mitigations.
 The successful mitigation of these risks will support the delivery of the HSCP Strategic Plan.



Risk (3)
Risk Theme - Governance


Risk Title – Communications and Reputation

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Risk Owner – Sheila Tyeson, Senior Manager, Planning and Performance	1. There is a risk that communications (internal and external) are not adequate.	Poor lines of communication between NHS, Council and other stakeholders such as Elected Members and NHS Board Members. Lack of clear, positive public messaging. Lack of collective responsibility.	Insufficient working. Reputational damage leading to reduced public confidence. Impact of staff morale and retention.	 <p>3 x 3 = 9</p>	1. Communications plan 2. Regular communication with service providers 3. Recruitment of communications officer 4. Regular liaison with council and NHS comms colleagues 5. Links with national networks (SCIN comms subgroup) 6. Adult and Child Protection Committee Subgroup (Communications) established	
Proposed Mitigations (with dates)					Status	Progress Bar
1. HSCP Communications Strategy published. Summer 2023 - Agreed to produce separate Strategies for Communication and Engagement. Communication Strategy will be progressed and concluded March 2024 to replace existing strategy. Communication Strategy has been agreed and published.					✓	100% ↑
2. Improved relationships with community through Locality Planning Groups, etc. Review to be complete June 2024. Adult Care locality teams in situ. (Mark Inglis/Billy McClean/Sheila Tyeson) (June 2024). Locality plans agreed summer 2024 and will be reported on separately.					✓	100% ↑
3. NEW: Engagement Strategy to be developed during 2025. (March 2026)						



Risk (4)
Risk Theme - Governance

Risk Title – External Factors including Contingency Planning

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
<p>Accountable – Tim Eltringham</p> <p>Responsible – Sheila Tyeson, Senior Manager, Planning and Performance</p>	<p>There is a risk that a range of external factors out with the HSCP's control such as, Power Outage (Black Start), adverse weather or other - may adversely impact on ability to fulfil objectives and deliver critical services.</p>	<p>Adverse incidents or Civil Emergencies. Factors imposed upon the HSCP such as legislative change, Government policy change, cost-of-living crisis political change nationally or locally.</p>	<p>Requirement to re-allocate resources, failure to deliver critical services to an acceptable level, drive desired improvements or meet expectations of the public, partners, service users etc. Restrictions on budget, reputational damage. Hospitals become overwhelmed.</p> <p>National infrastructure and financial difficulties and unresolved issues with border controls, food, fuel, medication, specialist equipment Unable to communicate with staff (Black Start/adverse weather) and service users, failure to deliver critical services resulting in risk to life and potential fatalities.</p>	 <p>5 x 2 = 10</p>	<ol style="list-style-type: none"> 1. Health protection measures 2. Management response: DMT / CHOG / EMT meeting regularly 3. Interaction between HSCP, NHS and SAC and allows for partnership working that can be used in all emergency planning. 4. Risk and Resilience Meeting on a quarterly basis at which arrangements are reviewed by DMT and key officers from NHS, SAC and Resilience Partnership 5. HSCP representation at national networks: CO Group; CFOs; SCIN. Council Risk and Safety Team continue to support SAC civil contingency and business continuity arrangements. 6. Practitioner ALRP and Strategic ALRP meet with required frequency to co-ordinate individual responses from all agencies, disruptive weather and other risks/challenges as they present themselves - fully implemented. 7. Increase liaison with council and NHS resilience colleagues on issues such as Black Start. 	
Proposed Mitigations (with dates)					Status	Progress Bar
1. SAC civil contingencies response plan to be reviewed and Service Leads will review SAC business plans. Civil Contingencies exercises will continue to be developed and rolled out. Senior Manager allocated to represent HSCP at Council/NHS groups. (Lesley Reid) (Dec 2023)					✓	100%
2. Understand and implement category 1 responder status of IJB (Mark Inglis) (March 2024)					✓	100%


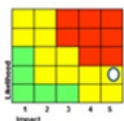


Risk (6) **Risk Title – Good Governance Strategic Planning and Business Resilience**
Risk Theme - Governance

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham Responsible – Sheila Tyeson, Senior Manager, Planning and Performance.	1. There is a risk that good governance is not in place in order to enable the HSCP to make clear, safe and well informed decisions.	Updates to Government legislation and advice. Lack of understanding across staff body of IJB Governance.	Lack of compliance. Failure to meet statutory requirements. Poor best value audit. Reputational damage.	<p>4 x 2 = 8</p>	1. Governance improvement internal and with council/NHS 2. Clinical and care governance in place 3. Existing council and NHS arrangements taking cognisance of IJB Governance 4. IJB Governance Groups - IJB - Performance and Audit - Health and Care Governance Group - Risk and Resilience Group 5. Lead Partnership Arrangements (e.g. Mental Health and Primary Care) 6. Reporting of risk management using Pentana/Datix established.

Proposed Mitigations (with dates)	Status	Progress Bar
1. Development of a IJB Governance Framework (Sheila Tyeson) (March 2025)	✓	100%
2. Rollout of IJB member and staff training. (Sheila Tyeson) (December 2024)	▶	80%
3. Implementation of IJB Directions (Lisa Duncan) (Financial directions template used for budget 1 st April 2023)	✓	100%
4. Risk assessment training and workshops to be delivered to newly appointed and existing management (Sheila Tyeson)(June 2025)	▶	40%
5. Health and Care Staffing Act – Sub Group established (Robert Campbell) December 2025	▶	90%

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 Risk (11) Risk Theme - Governance						
Risk Title – Service Quality						
Ownership		Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Risk Owner – Professional Leads and Heads of Service	There is a risk that services (in-house and commissioned) fail to meet performance standards and achieve the required outcomes.	Lack of investment in quality improvement and assurance, lack of investment in workforce development.	The HSCP does not provide high quality services. Services do not improve outcomes for or protect the people we support.	 5 x 2 =10	1. Governance assurance 2. Internal Quality Improvement Initiative 2. QI Officer 3. Learning and development 4. HSCP Transformation Plan 5. Implementation of learning/recommendations from CI/HIS/Audit Scotland inspections and audits 5. Quality Assurance Framework fully implemented. 6. Mainstreaming of Quality Improvement Methodology across HSCP 7. Implementation of Strategic performance Framework for HSCP	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Foundation level module for Quality Improvement for all staff on COAST/LearnPro. (Billy McClean/Nicola Hunter/OD) (December 2025)					✔	100%
2. AAIF’s Practitioner training being delivered. (Billy McClean/Nicola Hunter) (December 2025)					▶	59%
3. ScIL training programme being undertaken by lead QI practitioners. (Billy McClean/Nicola Hunter) December 2025)					▶	72%



**Risk 1
Protection**

**Risk Title - Adult and Child
Risk Theme – Protection**

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – ELT Responsible - CLT Risk Owner – Director of Health and Social Care and Chief Social Work Officer (CSWO).	<p>1. There are increased levels of hidden harm in our community as a result of a range of external factors leading to more complex family and adult needs.</p> <p>2. There is a risk of failure to provide adequate protection and the necessary level of support to vulnerable adults and children.</p> <p>3. There are additional risks facing the HSCP and these are being managed, monitored and reviewed via the HSCP Performance and Audit Panel. (link to latest reports – October 2023 – below).</p>	Deprivation, cost of living crisis, changing demo- graphic and challenges in the care sector.	<p>Potential harm to clients and vulnerable service users.</p> <p>Potential for litigation, financial loss or reputational damage.</p>	<p>5 x 2 = 10</p>	<ol style="list-style-type: none"> 1. There are quarterly Chief Officer Group (COG) meetings. 2. There are quarterly Public Protection subgroups (Child Protection; Adult Protection; Violence Against Women/Criminal Justice and Alcohol and Drugs Partnership) reporting into COG that are monitoring the operational context and responding in a coordinated way to issues. 3. HSCP Directorate Management Team meets regularly to provide leadership and oversight. 4. Established governance in place via Clinical and Care Governance, Social Work Governance and Adult Governance Groups. 5. APC and CPC meet regularly and review business plans 6. Multi Agency Public Protection Arrangements (MAPPA) including Management Oversight Group and Strategic Oversight Group are in place and report quarterly to COG. 7. The Community Services Collaborative Group supports in house and commissioned services and provides assurance on a range of issues to key local and national stakeholders. 8. Initial Referral Data (IRD) activity is now audited to provide scrutiny and assurance in relation to this key activity. There are now annual Child Protection ‘Trend Analysis’ produced for the CPC and COG to reflect on the changing culture in South Ayrshire towards Child Protection and to invite scrutiny of annual data. 9. Adult Support Protection Lead Officer engages first line managers in developing our response to vulnerable adults. 10. CSWO engages with operational staff in relation to complex cases in both adult and children’s services where there are complex risk factors. 11. Care First implemented across all children and adult social work teams. 12. CPC/APC subgroup structure is now established and the Policy and Performance Subgroup is leading this review work and reports progress at each meeting 13. Governance on new policy and procedure is via CPC/APC through to COG. 14. Development of Practice Standards in Social Work is in progress to support the policy framework. 15. The quality assurance framework is operational providing triangulated information to the Community Services Oversight Group from a range of sources in order to ensure minimum standards are met across all commissioned services. 16. HSCP strategic and operational risk registers are complete and approved by HSCP Performance and Audit Committee. 17. New Adult Services structure fully implemented. 18. Learning reviews implemented in relation to ADP, Public Protection and Adult Social Work services. 19. The Adult Protection Self Evaluation Improvement Plan has been reviewed regularly along with the impact of actions implemented in response to the Adult Support and Protection Inspection. The implementation of the new structure in relation to the sub committees of our Adult Protection Committee sees the regular review of the improvement plan arising for the ASP, Evaluation and Improvement Group.

					20. The Belmont Family First model is embedded and further support to cluster secondaries is available through the Small Steps to Wellbeing Initiative. Signs of safety is embedded into Children and Families practice.
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Proposed Mitigations (with dates)	Status	Progress Bar
1.The ADP Is developing a framework in relation to risk around drug related deaths. The Framework is being subsumed within the national drug death taskforce work implementing a residential rehabilitation pathway in South Ayrshire. (Gary Hoey) (31.03.2024)	✓	100%



Risk (2)
Risk Theme - Protection done
Risk Title – Climate Change and Sustainability

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer Risk Owner/s. Sheila Tyeson, Senior Manager – Policy and Performance		Services do not necessarily recognise the role they need to play, lack of input and accountability by services leaving key areas inadequately addressed. Decisions and infrastructure while meeting short term goals are currently not fit for the future. Actions in place are currently not fully coordinated across services.	Effect may be further detriment to those already disadvantaged, increasing inequalities and exacerbating deprivation. Reduction in emissions not achieved to 1.5 degrees scenario therefore accelerating the pace of climate change. United Nations Sustainable Development Goals not adequately addressed.	<p>4 x 2 = 8</p>	1. Awareness raising and resilience planning 2. Sustainability strategy (SAC and NHS) 3. Continued engagement with Council and NHS on estates strategy taking cognisance of environmental impact. 4. Council 'Future Operating Model' and NHS distributed working implemented, taking environmental impact into account.

Proposed Mitigations (with dates)	Status	Progress Bar
1. Reduction of HSCP Carbon Budget (Sheila Tyeson) (31.12.2030)	▶	70%
2. Implement environmental impact assessment across IJB decision making processes. Current EIA's managed by Council Procurement team for contracts. New Integrated Impact Assessments for SAC will e introduced 2023/24 and HSCP will adopt this route. (Sheila Tyeson) (March 2025)	✓	100%



Risk Title - Workforce Protection

Risk (12)
Risk Theme – Protection done

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham Responsible – Heads of Service (Mark Inglis/Billy McClean)	1. There is a risk of failure to provide the agreed standards of protection to employees in line with Scottish Government, Health Protection Scotland and Health and Safety Executive guidance. 2. There is a risk that health & safety risk assessments in some areas may not currently identify adequate mitigations to safeguard employees from hazards such as Violence and Aggression etc.	Staffing resourcing pressures. Budget constraints across Services. Ambiguity around responsibilities or inconsistent application of policy. Lack of training.	Accident, incident, injury or ill health to employees /service users. Prosecution and Civil litigation. Damage to Council's reputation. Financial impact of claims, increased premiums or fines.	<p>5 x 2 = 10</p>	<ol style="list-style-type: none"> 1. Health protection guidance 2. Existing Council H&S Policies and procedures. H&S Risk Assessments developed for Service use. H&S FAQs and Return to Work Guidance prepared and issued. Range of guidance, information, links and training on H&S CORE page. 3. Risk Assessment Training & Support, plus Council Standard and a range of courses on Management of Actual or Potential Aggression, Dealing with Difficult Behaviour, De-escalation, etc. 4. Clinical and Care Governance arrangements in place. SAAPF and Staff Wellbeing Subgroup 5.. Review, refresh and issue of health and safety guidance, sample risk assessment, work procedures and safe working recovery options for Council Services to utilise in light of pandemic. 6. Full understanding of post pandemic infection prevention and control measures across council land NHS staff groups. 7. Staff wellbeing measures in place. 	
Proposed Mitigations (with dates)					Status	Progress Bar

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Risk (5)
Risk Theme – Resources

Risk Title – Financial

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham Responsible - Lisa Duncan, Chief Finance Officer	There is a risk that the IJB is not adequately resourced to meet demand for services. Effects on demand for specific services are relatively unknown at present, potential risk this additional demand will not be resourced from current delegated resources.	Strain on budget as a result of increased demand, reduced or static central funding. Non-recurring funding from Scottish Government	Failure to deliver key/critical services or meet change in service demands. Failure to meet the objectives in the Strategic Plan Failure to meet performance targets set locally and nationally. Strain on reserves	<p>4 x 4 = 16</p>	1. Appointment of CFO 2. Medium-term financial plan 4. Allocation from Scottish Government, Council and NHS 5. Regular BM reporting to IJB Continue to monitor demand for services and plan for effects of future demand 6. Develop a 5 year medium term financial plan aligned to the new Strategic Plan. 7. Implement systems to support monitoring demand 8. Monitoring of Transformation Plan to redesign services. Focus on cost drivers behind expenditure to ensure understanding projected spend and data can inform corrective action when required. 9. Use of General Reserves to create an Improvement and Innovation Fund to support redesign of services to ensure future financial sustainability	
Proposed Mitigations (with dates)						
1. Budget 2024-25 for approval including updated financial gap over Medium Term Financial Forecast (2025-26 to 2027-28) (March 2024). (Lisa Duncan) 2. Medium Term Financial Forecast refresh and to be presented including three-year savings plan for 2025-26 to 2027-28 – (June 2024) (Lisa Duncan)					Status 	Progress Bar 100% 40%



Risk Title – ICT

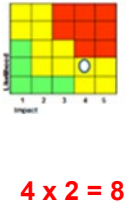
Risk (7)
Risk Theme - Resources

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham Responsible - Service Leads - ICT	There is a risk that the ICT infrastructure fails, there is a cyber security threat or a data breach Legacy systems which are not fit for purpose Systems not integrating. Failure to utilise effectively data held by systems. Data breach Etc	A2D - Telephone providers will be switching off analogue phone lines by 2023, although several providers have already started the process. The implementation of A2D is not managed correctly. Additional levels of Cybercrime and Fraud, Lack of training or communication. Outdated / obsolete equipment and systems. The Business Continuity Plans of some Services may lack effective arrangements for ICT loss.	A2D - Existing telecare calls may not be answered by the ERT and telecare could not be offered to new clients. This could result in serious injury or death, claims for compensation, significant reputational damage, loss of revenue and breaches/subsequent fines due to data breach	<p>4 x 2 = 8</p>	1. NHS and Council provide IT equipment 2. Digital Strategy published 3. A bespoke ICT Risk Register in place, which is subject to review as part of standard operating practice. 4. Digital Programme Board overseeing delivery of Digital Strategy and related systems upgraded (Carefirst and CM) 4. All Council Service BC plans to include arrangements for resilience in respect of ICT failure – engagement with service areas will occur as it is likely that BC plans reflect current and potential change. 5. Shared Digital ARC being implemented by Provider to allow end to end digital connection 6. Testing of digital connections with alarms ongoing between Project team and Provider 7. Telehealth solutions being considered for future use with digital ARC	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Analogue to digital Programme implemented (reported to Digital PB) (Helen Brown) (August 2024)						100%
2. Implement digital Strategy (reported to Digital PB) (Thomas Griffin) (October 2024)						95%




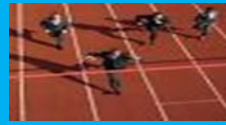
Risk (8)
Risk Theme – Resources done

Risk Title – Population

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham Responsible – Mark Inglis/Billy McClean	1. There is a risk that demographic change places unsustainable pressures of demand for services.	Increased numbers in those requiring care services. Aging Population, increased frailty, increased poverty, societal factors contributing to decline in physical and mental wellbeing	Poor health and social care outcomes. Failure to deliver key/critical services or met change n service demands	 <p>4 x 2 = 8</p>	1.Strategic Planning 2.Trend monitoring and local/national intelligence 3.Investment in prevention 4.Insight and monitoring 5. Alignment of work with CPP 6. Reablement programme fully implemented 7. Implementation of Children’s Services Plan (2023-2036) 8. Investment in Ayr North/Wallacetown to address frailty. 9. Implementation of Strategic Performance Framework. (achieved Jan 2023)

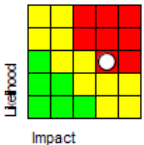



Proposed Mitigations (with dates)	Status	Progress Bar
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Proposed Mitigation	Status	Progress
1. Strategic Plan update/refresh	31-Mar-2025 	10%



Risk Title – Premises

Risk (9)
Risk Theme – Resources

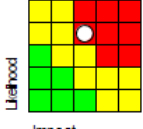
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham Responsible – Mark Inglis/Billy McClellan	There is a risk that the HSCP does not have adequate premises from which to operate its business and adapt to the needs of the future including the Team around the Locality; CONNECT; GIRFAN; Caring for Ayrshire etc. Existing risks with premises are being amplified by the gradual reduction in estate across both the NHS and Council leaving teams with even fewer options.	A number of premises at risk of no longer being fit for purpose. Adaptation of service model requiring new accommodation.	Impact on efficient delivery of HSCP services. Adverse incidents and compliance failure. Damage to Council's reputation. Inability to co-locate staff e.g. core GP Multi-Disciplinary Team staff.	 <p>4 x 3 = 12</p>	1.NHS and Council provide premises. 2.Agile working in place for majority of HSCP staff 3. Regular Premises and Accommodation Group monitoring future options and providing governance to decisions, supported by regular DMT 4. HSCP involvement in Caring for Ayrshire Programme 5. Future Operating Model fully implemented.	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Implementation of GMS contract with co-location of Multi-Disciplinary Team members in or around GP Practices. Largely in place although space continues to be a significant risk. (Viv Forbes) (March 2026)						50%
2. List of Priority buildings identified for investment (Stuart Boughan) (from SAC and NHS Capital).						65%
3. Development of Houston's building for HSCP use (Tim Eltringham) (December 2028)						0%



Risk (10)

Risk Title – Provider Organisations

Risk Theme – Resources done

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham Responsible – Sheila Tyeson, Senior Manager Planning and Performance	There is a risk that provider organisations fail or are not able to provide high quality services on behalf of the HSCP. Risk that smaller providers fail or larger provides remove provision.	Lack of providers of social care services operating in South Ayrshire. Providers have insufficient resilience and workforce supply to meet contractual commitments. Providers do not have access to adequate ongoing skills training, etc.	Failure to deliver critical services, risk to service users, reputational and legal risk to the HSCP, financial loss, statutory breach, litigation. Lack of control over services delivered. Lack of continuity and consistency particularly in care contracts whilst a risk of no service being available to service users.	 3 x 4 = 12	1. Provider engagement forums 2. Contract monitoring and market intelligence undertaken by procurement team

Proposed Mitigations (with dates)	Status	Progress Bar
1. Provider focused elements of Workforce Plan to progress. (Sheila Tyeson) (December 2025)		80%
2. Re-organise strategic engagement with provider organisations. (Sheila Tyeson) (June 2024)		100%
3. Review and develop agreements with provider representation groups – VASA/Scottish Care (Sheila Tyeson) (March 2024)		100%
4. Care at home Strategy development with external providers representation commenced December 2023. (Helen Brown) (July 2025)		60%



Risk (13)
Risk Theme – Resources

Risk Title - Workforce Development

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	
Accountable – Tim Eltringham Responsible- Professional Leads/Heads of Service/Service Manager – Planning and Performance	There is a risk that employees are not adequately trained and regularly upskilled to maintain effectiveness. There is a risk that the workforce 'pipeline' does not produce enough staff to occupy all roles across the HSCP (and providers).	Budget constraints, lack of training. High staff turnover. Lack of strategic workforce planning.	Budget constraints, lack of training. High staff turnover. Lack of strategic workforce planning.	<p>4 x 4=16</p>	<ol style="list-style-type: none"> 1. Workforce Plan developed 2. Engaging with national/regional initiatives 3. Culture and leadership 4. Training and development 5. Management support: PDR and supervision 6. Development of a People Plan/Workforce for HSCP. 7. Care at Home workforce development/increase capacity complete. 100 new posts recruited to.

Proposed Mitigations (with dates)	Status	Progress Bar
1. Further work on workforce development and staff training implemented. (Gary Hoey/Rosemary Robertson) (June 2025)		80%

Guidance - Recording Risks

Risk No. x		Risk Title - xxxxx		Risk Theme – Resources / Protection / Governance	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Who is accountable and responsible for managing the risk?	What could go wrong?	What may have caused this risk?	Possible outcomes or adverse effects?		What is already in place to manage the risk?
	S	A	M	P	L E
Proposed Mitigations (with dates)				Status	Progress Bar
1. What is planned to mitigate the risk further? (and when it is due to be completed) <enter date>					<input type="text" value="33%"/> Increased from...?

A status icon (Figure 3) is displayed along with a calculation from Risk Owners on percentage completion of the mitigating actions. This information is closely scrutinised by Chief Officers, Elected Members and Performance and Audit Committee, this assists in determining decisions on reducing or increasing risk ratings utilising the matrix at Figure 1.

New risk identification is considered against a broad range of risk types and these are represented at Figure 2. Risk types are cross-cutting and not considered in isolation.

Further explanation of SAC Council Risk Management Methodology and the HSCP Strategic Risk Management Strategy is available.

Fig 1

Fig 2

Risk Themes			
Governance		Protection	Resources
Risk Rating			
Impact		Likelihood	
1	Minor	1	Unlikely
2	Moderate	2	Possible
3	Major	3	Likely
4	Critical	4	Very Likely
5	Catastrophic	5	Almost Certain



Fig 3 Status	
	Completed
	On Target
	Not on target – some concerns
	Not on target – major concerns
	Not yet started