
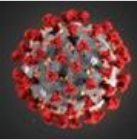













SOUTH HEALTH AND SOCIAL CARE PARTNERSHIP – STRATEGIC RISK REGISTER (Version – 21/05/21)

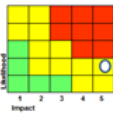
South Health and Social Care Partnership has identified 13 risks of strategic significance in line with the themes of Protection, Resources and Governance. The impact of COVID-19 in terms of response and recovery is fully considered and risk mitigations have been modified and agreed to form the basis of revisions to the 2021 SAHSCP Strategic Risk Register.

Risk Themes and Titles					
Protection		Resources		Governance	
1. Adult and Child Protection  5x2=10	3. External Factors including Contingency Planning  5x2=10	5. ICT  4x4=16	7. Workforce Development  4x2=8	10. Communication and Reputation  3x3=9	12. Good governance Strategic Planning and Business Resilience  4x2=8
2. Workforce Protection  5x2=10	4. Climate change and Sustainability  4x2=8	6. Premises  3x3=9	8. Financial position  4x2=8	11. Population  4x2=8	13. Service quality  5x1=5
		9. Provider organisation  3x2=6			
<p><i>The successful mitigation of these risks will support the delivery of the IJB Strategic Plan, along with the response to, and recovery from COVID-19. 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.</i></p> <p><i>Target dates are recorded in respect of the achievement of the proposed mitigations.</i></p>					


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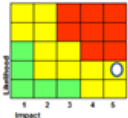



Risk 1 **Risk Title - Adult and Child Protection** **Risk Theme – Protection**

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Risk Owner – Scott Hunter, CSWO	1. There are increased levels of hidden harm in our community as a result of lockdown and reduced community presence of services.	COVID-19	Potential harm to clients and vulnerable service users.	 5x2=10	1. There are monthly Chief Officer Group (COG) meetings to monitor the impact of COVID-19 on public protection matters. 2. There are monthly Public Protection sub groups (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. APC and CPC receive a COVID-19 update at each meeting that charts the response to COVID-19 and actions taken. 4. There are weekly Gold Group meetings chaired by the CEO to consider the weekly public protection dashboard 5. HSCP Directorate Management Team meets 3 times per week to provide leadership and oversight of response	
	2. There is a risk of failure to provide adequate protection and the necessary level of support to vulnerable adults and children.	More complex family and adult needs	Potential for litigation, financial loss or reputational damage.			1. Established governance in place via Clinical and Care Governance 2. APC and CPC meet regularly and review business plans 3. MAPPA arrangements (including Management Oversight Group and Strategic Oversight Group) are in place and report monthly to COG 4. The Care Home Oversight Group seeks to support the sector and provide assurance on a range of issues to key local and national stakeholders 5. Regular updates to procedures and guidance have been shared as national COVID-19 guidance has been published 6. IRD activity is now audited monthly to provide scrutiny and assurance in relation to this key activity 7. ASP Lead Officer engaging first line managers in developing our response to vulnerable adults 8. CSWO engaging with operational staff in relation to complex cases in both adult and children's services where there are complex risk factors 9. Care First implemented across all children and adult social work teams.
	3. There is a risk that current policies linked to Adult and Child Protection are not fit for purpose.	Quality Assurance Framework has been Absent	Potential for litigation, financial loss or			1. New CPC/APC sub group structure now established and the Policy and Performance Sub Group is leading this review work and will report progress at each meeting 2. Governance on new policy and procedure will be via CPC/APC through to COG. 3. Development of Practice Standards in Social Work to commence that will support the policy framework

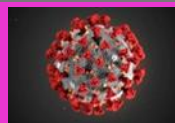
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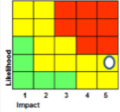
	(Cross ref to SAC Strategic Risk Register)		reputational damage.	4. IJB has supported a 2 year post to support implementation of the new National Guidance currently subject to ELT procedures
				
Risk 1	Risk Title - Adult and Child Protection (Continued)			Risk Theme – Protection
Proposed Mitigations (with dates)				Status
				Progress Bar
1. Develop and implement the quality assurance framework within commissioning, building on COVID-19 additional measures and the work of the Care Home Oversight Group (31.03.22)				▶
				<div style="width: 10%;"><div style="width: 10%;"></div></div> 10%
2. Full refresh of HSCP strategic and operational risk registers complete awaiting final approval from performance and audit committee. (31.12.21)				▶
				<div style="width: 80%;"><div style="width: 80%;"></div></div> 80%
3. Recruitment to strengthened commissioning and CSWO teams (date?)				▶
				<div style="width: 95%;"><div style="width: 95%;"></div></div> 95%
4. Learning reviews have been commissioned in relation to the ADP, Public Protection and Adult Social Work services that will identify areas for improvement (31.03.22)				▶
				<div style="width: 5%;"><div style="width: 5%;"></div></div> 5%
5. The ADP Is developing a framework in relation to risk around drug related deaths (date?)				▶
				<div style="width: 25%;"><div style="width: 25%;"></div></div> 25%
6. The implementation of the transformational work within Children and Families which has been supported by the Council. Belmont family support has been commenced and the implementation of Signs of Safety is progressing in partnership with the National Signs of Safety organisation. (date?)				▶
				<div style="width: 66%;"><div style="width: 66%;"></div></div> 66%

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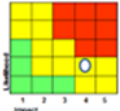



 Risk 2						
Risk Title – Workforce Protection						
Risk Theme - Protection						
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
<p>Accountable – Tim Eltringham, Chief Officer</p> <p>Responsible – Heads of Service (Billy McLean / Mark Inglis)</p>	<ol style="list-style-type: none"> 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 COVID-19, Violence and Aggression etc. 	<p>COVID-19</p>	<p>Accident, incident, injury or ill health to employees /service users.</p> <p>Prosecution and Civil litigation. Damage to HSCP reputation.</p> <p>Financial impact of claims, increased insurance premiums or fines.</p>	 5x2=10	<ol style="list-style-type: none"> 1. Health protection guidance 2. Existing Council H&S Policies and procedures. COVID-19 sample 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. 5. SAAPF and Staff Wellbeing Subgroup 	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Review, refresh and issue of health and safety guidance, sample risk assessments, work procedures and safe working recovery options for Council Services to utilise in light of COVID-19. (review 1/11/21).						<div style="width: 70%;"><div style="background-color: #4a7ebb; height: 10px; width: 100%;"></div></div> 70%
2. Full understanding of post-pandemic infection prevention and control measures across council and NHS staff groups (1/11/21)						<div style="width: 10%;"><div style="background-color: #4a7ebb; height: 10px; width: 100%;"></div></div> 10%
3. Suite of wellbeing measures developed and in place – carried forward by Wellbeing subgroup (1/11/21)						<div style="width: 45%;"><div style="background-color: #4a7ebb; height: 10px; width: 100%;"></div></div> 45%

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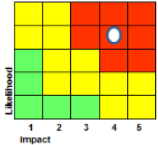



Risk 3		Risk Title – External Factors including Contingency Planning			Risk Theme – Protection	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Responsible – John Wood, Senior Manager	There is a risk that a range of external factors out with the HSCP's control such as COVID-19, Brexit, Power Outage (Black Start), adverse weather or other - may adversely impact on ability to fulfil objectives and deliver critical services.	Adverse incidents or Civil Emergencies, e.g. pandemic. Factors imposed upon the HSCP such as legislative change, Government policy change, implications of Brexit, political change nationally or locally.	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. 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.	 5x2=10	<ol style="list-style-type: none"> 1. Health protection measures 2. Management response: COVID-19 DMT / CHOG / EMT meeting regularly 3. Interaction between HSCP, NHS and SAC has increased in response to COVID-19 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. 6. Council Risk and Safety Team continue to support SAC civil contingency and business continuity arrangements 	
Proposed Mitigations (with dates)					Status	Progress Bar
1. SAC civil contingencies response plan to be reviewed and Service Leads will review SAC business continuity plans. Civil Contingencies exercises will continue to be developed and rolled out (1/09/21 and ongoing)						<div style="width: 45%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 45%
2. Practitioner ALRP and Strategic ALRP meet with required frequency to co-ordinate individual responses from all agencies to COVID-19, disruptive weather and other risks/challenges as they present themselves. (1/09/21)						<div style="width: 75%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 75%
3. Increase liaison with council and NHS resilience colleagues on issues such as Black Start and Brexit (1/10/21)						<div style="width: 45%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 45%
4. Fully understand and implement category 1 responder status of IJB – work ongoing via national networks (1/09/21)						<div style="width: 75%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 75%

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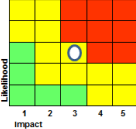



						
Risk 4	Risk Title – Climate Change and Sustainability			Risk Theme - Protection		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Responsible – John Wood, Senior Manager	There is a risk of failure to meet climate change duties, failure to reduce emissions and prepare for the impacts of climate change.	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.	 4x2=8	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	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Reduction of HSCP Carbon Budget (2030)						<div style="width: 20%;"><div style="width: 20%;"></div></div> 20%
2. Implement environmental impact assessments across IJB decision-making processes (01/04/22)						<div style="width: 0%;"><div style="width: 0%;"></div></div> 0%
3. Council 'Future Operating Model' and NHS distributed working to be implemented, taking environmental impact into account (1/04/22)						<div style="width: 20%;"><div style="width: 20%;"></div></div> 20%

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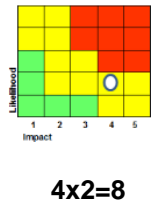





Risk 5						
Risk Title – ICT						
Risk Theme - Resources						
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
NHS / Council Responsible – Dave Alexander, ICT (Andrew G for NHS)	There is a risk that the ICT infrastructure fails, there is a cyber security threat or a 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 because of COVID-19. 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.	 4x4=16	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 (Care First and CM)	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Analogue to Digital Programme implemented (reported to Digital PB) (1/4/2023)						<div style="border: 1px solid gray; width: 50px; height: 15px; background-color: #ADD8E6; margin: 0 auto;">10%</div>
2. Implement Digital Strategy (reported to Digital PB) (1/4/2023)						<div style="border: 1px solid gray; width: 50px; height: 15px; background-color: #ADD8E6; margin: 0 auto;">30%</div>
3. 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 will require to change as result of the pandemic. (1/12/21).						<div style="border: 1px solid gray; width: 50px; height: 15px; background-color: #ADD8E6; margin: 0 auto;">100%</div>

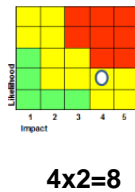




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Risk 6		Risk Title – Premises			Risk Theme - Resources	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
NHS / Council Responsible – John Wood, Senior Manager Planning and Performance	<p>There is a risk that the HSCP does not have adequate premises from which to operate its business.</p> <p>There is a risk that required physical modifications to buildings will take time and additional resource to implement in light of Government Guidance on physical distancing and prevention of COVID-19 virus spread. All buildings are affected by this if HSCP is to ensure recovery from lockdown and return to 'new normal'; including Office Spaces.</p> <p>There is a risk that all premises will not reopen fully following COVID-19</p>	<p>A number of premises at risk of no longer being fit for purpose.</p> <p>Adaptation of service model requiring new accommodation.</p>	<p>Impact on efficient recovery of HSCP services.</p> <p>Adverse incidents and compliance failure. Damage to Council's reputation.</p> <p>Inability to co-locate staff e.g. core GP Multi-Disciplinary Team staff.</p>	 <p>3x3=9</p>	<ol style="list-style-type: none"> 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 	
Proposed Mitigations (with dates)					Status	Progress Bar
1.Future Operating Model (council) to be developed and implemented (1/4/22)						<div style="border: 1px solid gray; width: 50px; height: 15px; background-color: #add8e6; position: relative;"><div style="position: absolute; top: -2px; left: 2px; width: 10px; height: 10px; background-color: white;"></div>10%</div>
2. Implementation of distributed working within NHS (1/4/22)						<div style="border: 1px solid gray; width: 50px; height: 15px; background-color: #add8e6; position: relative;"><div style="position: absolute; top: -2px; left: 2px; width: 10px; height: 10px; background-color: white;"></div>10%</div>
3. Implementation of GMS contract with co-location of Multi-Disciplinary Team members in or around GP Practices (date?)						<div style="border: 1px solid gray; width: 50px; height: 15px; background-color: #add8e6; position: relative;"><div style="position: absolute; top: -2px; left: 2px; width: 10px; height: 10px; background-color: white;"></div>30%</div>


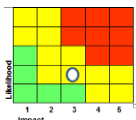





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Risk 7	Risk Title – Workforce Development			Risk Theme – Resources		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Responsible – Elaine Hill / Rosemary Robertson / Scott Hunter	There is a risk that employees are not adequately trained and regularly upskilled to maintain effectiveness.	Budget constraints, lack of training. High staff turnover. Lack of strategic workforce planning.	Incurring additional unbudgeted spend. Services may not be delivered effectively. Reliance on specialist or external organisations and contractors. Staff morale and effectiveness impacted.		1. Workforce Plan developed 2. Engaging with national/regional initiatives 3. Culture and leadership 4. Training and development 5. Management support: PDR and supervision	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Investment in Mental Wellbeing support for HSCP staff. Options developed at wellbeing subgroup and to be agreed by DMT. (March 2022)						<div style="width: 10%;"><div style="width: 100%; height: 10px; background-color: #00AEEF;"></div></div> 10%
2. Development of a People Plan for the HSCP (December 2021)						<div style="width: 0%;"><div style="width: 100%; height: 10px; background-color: #00AEEF;"></div></div> 0%
3. Further work on workforce development and staff training (including on Quality Improvement) scoped by HSCP (August 2021)						<div style="width: 30%;"><div style="width: 100%; height: 10px; background-color: #00AEEF;"></div></div> 30%

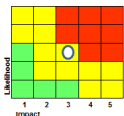


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Risk 8		Risk Title – Financial position			Risk Theme - Resources	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Responsible – Lisa Duncan, Chief Finance Officer	There is a risk that the IJB is not adequately resourced to meet demand for services. Effects on demand for specific services following COVID-19 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 Incurring additional unbudgeted COVID-19 spend – strain on reserves	 4x2=8	1. Appointment of CFO 2. Medium-term financial plan 3. Monitoring of COVID-19 finance 4. Allocation from Scottish Government, Council and NHS 5. Regular BM reporting to IJB 6. Continue to monitor demand for services and plan for effects of future demand 7. Reserves balance created that can be used for transformation plans and to mitigate against any unexpected spend.	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Development of 5 year medium term financial plan aligned to the new Strategic Plan (1/08/21)						<input type="text" value="30%"/>
2. Implement systems to support monitoring demand (end 21/22)						<input type="text" value="60%"/>
3. Monitoring of the Transformation Plan to redesign services – (ongoing)						<input type="text" value="20%"/>
4. Focus on cost drivers behind expenditure to ensure understanding in projected spend and data can inform corrective action where required - Ongoing						<input type="text" value="60%"/>

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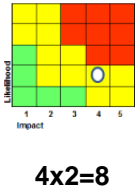




Risk 9		Risk Title –  Provider Organisations			Risk Theme – Resources	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Responsible – John Wood, Senior Mgr	There is a risk that provider organisations fail or are not able to provide 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.	 3x2=6	1. Ongoing COVID-19 engagement with providers – focused on 2. Provider engagement forums 3. Contract monitoring and market intelligence undertaken by procurement team	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Provider-focused elements of Workforce Plan to be delivered (1/04/22)						<div style="width: 20%;"><div style="width: 20%;"></div></div> 20%
2. Re-organise strategic engagement with provider organisations, combining operational information flow with thematic approach (1/8/22)						<div style="width: 80%;"><div style="width: 80%;"></div></div> 80%
3. Strategic partnership with VASA and Scottish Care published (1/8/21)						<div style="width: 80%;"><div style="width: 80%;"></div></div> 80%
4. Develop Quality Assurance Framework to provide assurance to IJB on commissioned services (April 2022).						<div style="width: 50%;"><div style="width: 50%;"></div></div> 50%
5. Future of sustainability payments and post-COVID-19 contracts to be updated (1/10/22)						<div style="width: 20%;"><div style="width: 20%;"></div></div> 20%

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Risk 10		Risk Title – Communication and Reputation			Risk Theme - Governance	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Responsible – John Wood, Senior Mgr	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.	Inefficient working, reputational damage, leading to reduced public confidence. Impact on staff morale and retention.	 3x3=9	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 and Engagement Strategy published (1/12/22)						<div style="width: 20px; height: 10px; background-color: #ADD8E6; border: 1px solid #000; display: inline-block;"></div> 20%
2. Improved relationships with community through Locality Planning Groups, etc. Review to complete by August 2021 (1/08/21)						<div style="width: 20px; height: 10px; background-color: #ADD8E6; border: 1px solid #000; display: inline-block;"></div> 50%

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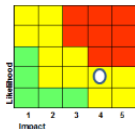


Risk 11		Risk Title – Population			Risk Theme - Governance	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
<p>Accountable – Tim Eltringham, Chief Officer</p> <p>Responsible – Mark Inglis / Billy McLean</p>	<p>There is a risk that demographic change places unsustainable pressures on demand for services.</p>	<p>Increased numbers in those requiring care services.</p> <p>Aging population, increase frailty, increased poverty, societal factors contributing to decline in physical and mental wellbeing.</p>	<p>Poor health and social care outcomes.</p> <p>Failure to deliver key/critical services or meet change in service demands.</p>	 <p>4x2=8</p>	<ol style="list-style-type: none"> 1.Strategic Planning 2.Trend monitoring and local/national intelligence 3.Investment in prevention 4.Insight and monitoring 5. Alignment of work with CPP 	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Reablement programme fully implemented (1/4/22)						<div style="width: 80%;"><div style="background-color: #0070C0; height: 10px; width: 100%;"></div></div> 80%
2. Implementation of Children’s Services Plan (1/4/23)						<div style="width: 50%;"><div style="background-color: #0070C0; height: 10px; width: 100%;"></div></div> 50%
3. Invest in Ayr North / Wallacetown to address frailty. (1/12/21)						<div style="width: 20%;"><div style="background-color: #0070C0; height: 10px; width: 100%;"></div></div> 20%
4. Implementation of Strategic Performance Framework (1/12/21)						<div style="width: 20%;"><div style="background-color: #0070C0; height: 10px; width: 100%;"></div></div> 20%

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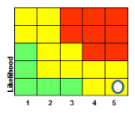




Risk 12 **Risk Title – Good Governance Strategic Planning and Business Resilience** **Risk Theme - Governance**

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer Responsible – John Wood, Senior Mgr	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. Decrease in levels of scrutiny as a result of COVID-19. Lack of understanding across staff body of IJB governance.	Lack of compliance; Failure to meet statutory requirements; Poor best value audit. Reputational damage	 4x2=8	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)

Proposed Mitigations (with dates)	Status	Progress Bar
1. Development of IJB Governance Framework (1/10/21)		
2. Rollout of IJB member and staff training (1/10/21)		
3. Implementation of IJB Directions (1/8/21)		
4. Risk assessment training and workshops to be delivered to management (1/8/21)		
5. Establishing systems for recording and reporting risk management using Pentana/Datix within the HSCP as appropriate (date?)		




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Risk 13	Risk Title – Service Quality			Risk Theme - Governance		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Responsible – Heads of Service and prof leads	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.	<div style="text-align: center;">  <p>5x1=5</p> </div>	1. COG 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	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Implementation of Quality Assurance Framework (adult and older people services) (date?)						<div style="width: 50%;"><div style="background-color: #ADD8E6; height: 10px; border: 1px solid #ADD8E6;"></div></div> 50%
2. Mainstreaming of Quality Improvement Methodology across HSCP (1/6/22)						<div style="width: 30%;"><div style="background-color: #ADD8E6; height: 10px; border: 1px solid #ADD8E6;"></div></div> 30%
3. Implementation of Strategic Performance Framework for HSCP (1/12/21)						<div style="width: 20%;"><div style="background-color: #ADD8E6; height: 10px; border: 1px solid #ADD8E6;"></div></div> 20%
4. Implementation of Digital Strategy (1/4/23)						<div style="width: 30%;"><div style="background-color: #ADD8E6; height: 10px; border: 1px solid #ADD8E6;"></div></div> 30%

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Guidance – Recording Risks - How?

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?	 3 x 3 = 9	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>						 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 through the SHSCP Risk and Resilience Group and Chief Officers via the DMT and the IJB. 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 Integration Joint Board Risk Management Methodology is available within the IJB [Risk Management Strategy](#)

Fig 1

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

Fig 2

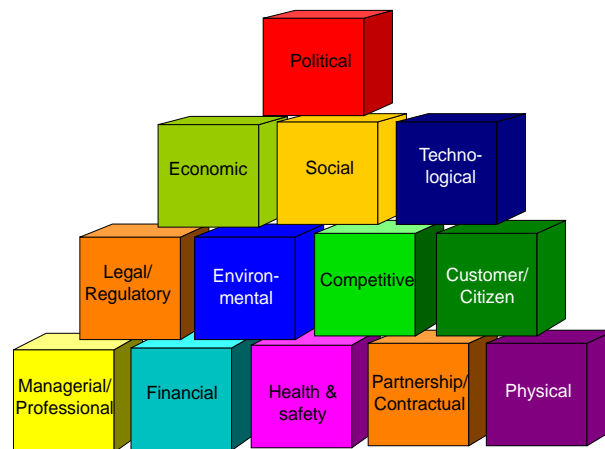







Fig 3	Status
	Completed
	On Target
	Not on target – some concerns
	Not on target – major concerns
	Not yet started