

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									
Pro	tection	Res	sources	Govern	nance				
1. Adult and Child Protection	3. External Factors including Contingency Planning	5. ICT	7. Workforce Supply and Development TRAINING	10. Communication and Reputation	12. Good governance Strategic Planning and Business Resilience				
5x2=10	5x2=10	4x4=16	4x4= <mark>16</mark>	3x3=9	4x2=8				
2. Workforce Protection	4. Climate change and Sustainability	6. Premises	8. Financial position	11. Population	PERFORMANCE FEXCELIANT GOOD AVERAGE FOOR				
5x2=10	4x2=8	4x3= <mark>12</mark>	4x2=8	4x2=8	5x1=5				
			er organisation K4=12						

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.

Target dates are recorded in respect of the achievement of the proposed mitigations.





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

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Eltringham, Chief Officer Risk Owner	increased levels of hidden harm in our community as a result of lockdown and reduced community presence of services. 2. There is a risk of failure to provide	More complex family and adult needs	Potential harm to clients and vulnerable service users. Potential for litigation, financial loss or reputational damage.	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 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.
		Assurance Framework	Potential for litigation, financial loss or		 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 Governance on new policy and procedure will be via CPC/APC through to COG. Development of Practice Standards in Social Work to commence that will support the policy framework



	(Cross ref to SAC Strategic Risk Register)	reputational damage.	4. IJB has supported a 2 year post to support implementation of the subject to ELT procedures	e new Nation	nal Guidance currently
Risk 1		Risk Title - 7	Adult and Child Protection (Continued)	Risk The	eme – Protection
Propos	sed Mitigations (with dates)			Status	Progress Bar
1.	Develop and implement the qualit work of the Care Home Oversight		ithin commissioning, building on COVID-19 additional measures and the		10%
2.	Full refresh of HSCP strategic and (31.12.21)	d operational risk registers	complete awaiting final approval from performance and audit committee.		80%
3.	Recruitment to strengthened com	missioning and CSWO tea	ams (date?)		95%
4.	Learning reviews have been commareas for improvement (31.03.22)		e ADP, Public Protection and Adult Social Work services that will identify		[5%
5.	The ADP Is developing a framewo	ork in relation to risk aroun	nd drug related deaths (date?)		25%
6.			dren and Families which has been supported by the Council. Belmont on of Signs of Safety is progressing in partnership with the National Signs	of	66%



			Infection Control				
Risk 2		Risk Title	- Workforce Protection	1		Risk The	eme - Protection
Ownership	Potential Risk	Cause	Potential Effect	Risk Score		Current Mitig	gations
Accountable – Tim Eltringham, Chief Officer Responsible – Heads of Service (Billy McLean / Mark Inglis)	 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. 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. 		Accident, incident, injury or ill health to employees /service users. Prosecution and Civil litigation. Damage to HSCP reputation. Financial impact of claims, increased insurance premiums or fines.	5x2=10	2. Existing proceduled proceduled Assessing FAQs a and issurant links and 3. Risk As Council Manage Aggress De-esca 4. Clinical in place	ments developed and Return to Would Return to Would Range of good training on Housesment Train Standard and Ement of Actual Sion, Dealing would lation, etc. and Care Govern.	Policies and Polic
Proposed Mitiga	tions (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).							70%
2. Full understand	ding of post-pandemic infection prevention	on and control measur	res across council and NH	S staff groups (1/11/21)		10%
3. Suite of wellbe	3. Suite of wellbeing measures developed and in place – carried forward by Wellbeing subgroup (1/11/21)						45%



Risk 3		Risk Title – Exte	rnal Factors including Contingency Planning		Risk	Theme -	Protection
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Cu	rrent Miti	igations
Accountable – Tim Eltringham, Chief Officer Responsible – John Wood, Senior Manager	range of external factors out with the HSCP's control such as COVID-19, Brexit, Power Outage (Black Start), adverse weather or other -	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	 Manager DMT / CH regularly Interaction and SAC response for partner used in a Risk and quarterly arranger DMT and SAC and HSCP renetworks Council Fountinger 	on between has increated COVIE ership wor lead to covie t	onse: COVID-19 IT meeting IT MEET
Proposed Mitiga	ations (with dates)					Status	Progress Bar
		to be reviewed and Service and rolled out (1/09/21 and or	Leads will review SAC business continuity plans. (ngoing)	Civil Conting	encies		45%
		neet with required frequency	cy to co-ordinate individual responses from all ager elves. (1/09/21)	ncies to COV	′ID-19,		75%
3. Increase liaiso	n with council and NHS	resilience colleagues on issu	ues such as Black Start and Brexit (1/10/21)				45%
4. Fully understa	nd and implement categ	ory 1 responder status of IJE	B – work ongoing via national networks (1/09/21)				75%



Risk 4		Risk Title – Climate Ch	nange and Sustainability		Risk Them	ie - Protec	etion
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Curr	ent Mitiga	tions
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	Awareness raiplanning Sustainability Continued end NHS on estates of environmental	strategy (S gagement v strategy ta	SAC and NHS) with Council and
Proposed Mitigations	(with dates)					Status	Progress Bar
1. Reduction of HSCP C	Carbon Budget (2030)						20%
2. Implement environme	ental impact assessments acros	ss IJB decision-making process	ses (01/04/22)				0%
3. Council 'Future Opera	Council 'Future Operating Model' and NHS distributed working to be implemented, taking environmental impact into account (1/04/22)						20%



Risk 5	Risk 5 Risk Title - ICT Risk Theme - Resources									
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Curr	ent Mitiga	ations			
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.	1 2 3 4 5 4x4=16	2. Digital Strate	gy publish CT Risk Re t to review ting practi amme Boa al Strateg	egister in place, as part of ce. ard overseeing y and related			
Proposed Mitigations	(with dates)					Status	Progress Bar			
1. Analogue to Digital F	Programme implemented (reporte	ed to Digital PB) (1/4/2023)					10%			
2. Implement Digital St	rategy (reported to Digital PB) (1	/4/2023)					30%			
	BC plans to include arrangements ire to change as result of the pan		failure –engagement with se	ervice areas will oc	cur as it is likely		100%			



Risk 6 Risk Theme - Resources									
Risk 6	Potential Risk	1	- Premises Potential Effect	Risk Score	Risk Theme - Resources				
Ownership NHS / Council Responsible — John Wood, Senior Manager Planning and Performance	There is a risk that the HSCP does not have adequate premises from which to operate its business. There is a risk that required physical modifications to buildings will take time and additional resource to implement in light of	Cause A number of premises at risk of no longer being fit for purpose. Adaptation of service model requiring new accommodation. National Care Service proposals may delay progress/investment.	Impact on efficient recovery of HSCP services.	4x3=12	1.NHS and Coun 2.Agile working ir HSCP staff 3. Regular Premi Group monitoring providing governa supported by reg 4. HSCP involver Programme	cil provide premises n place for majority of ses and Accommodation future options and ance to decisions, ular DMT ment in Caring for Ayrshire e Council Capital Asset			
Proposed Mitigations (v	vith dates)				Status	Progress Bar			
1.Future Operating Mode	I (council) to be developed and in	nplemented (1/4/22)				40%			
2. Implementation of distr	ributed working within NHS (1/4/2	2)				30%			
3. Implementation of GMS	S contract with co-location of Mult	ti-Disciplinary Team members	in or around GP Practice	s (date?)		30%			
4. List of priority buildings	for HSCP to identify for investme	ent (from SAC and NHS capita	al)			50%			



Risk 7		Pick Title - Workf	orce Development		Piek '	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. 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	Incurring additional unbudgeted spend. Services may not be delivered effectively. Reliance on specialist or external organisations and contractors. Staff morale and effectiveness impacted.	4x4=16	1.Workforce Pla 2.Engaging with 3.Culture and le 4.Training and of 5.Management supervision 6. CAH Shortlife	nn developed n national/regional initiatives adership	
Proposed Mitigations (w	rith dates)				Status	Progress Bar	
Investment in Mer (March 2022)	ntal Wellbeing support for HSCP	staff. Options developed at v	vellbeing subgroup and to	be agreed by DMT		10%	
2. Development of a	Development of a People Plan for the HSCP (December 2022)					D%	
3. Further work on w	orkforce development and staff	training (including on Quality I	mprovement) scoped by I	HSCP (August 202	1) 🛆	30%	
4. More CAH staff to	be brought in (January 2022)					30%	



Risk 8		Risk Title -	Financial position		Risk Theme - Resources		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Curre	ent 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.	central funding	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	The state of the s	 Allocation from Council and Regular BM Continue to a services and demand Reserves based be used for the council and the co	n financial plan f COVID-19 finance om Scottish Government,	
Proposed Mitigations (with dates)				Status	Progress Bar	
Development of	5 year medium term financial pl	an aligned to the new Strate	egic Plan (1/08/21)			30%	
2. Implement systems to support monitoring demand (end 21/22)						60%	
3. Monitoring of the	Transformation Plan to redesign	gn services – (ongoing)				20%	
Focus on cost dr where required -	rivers behind expenditure to ens Ongoing	ure understanding in projec	ted spend and data can	inform corrective action	١ ⊳	60%	



Risk 9		Risk Title - Prov	vider Organisations		Risk Theme – Resources		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Curre	ent 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.	3x4=12	providers – focus 2. Provider enga 3. Contract moni intelligence unde team		
Proposed Mitigations (v	vith dates)				Status	Progress Bar	
1. Provider-focused element	ents of Workforce Plan to be deli	vered (1/04/22)				20%	
2. Re-organise strategic e (1/8/22)	2. Re-organise strategic engagement with provider organisations, combining operational information flow with thematic approach (1/8/22)					80%	
4. Develop Quality Assura	ance Framework to provide assu	rance to IJB on commissioned	services (April 2022).			75%	
5. Future of sustainability	payments and post-COVID-19 c	ontracts to be updated (1/10/2	(2)		_	20%	



Tim Eltringham,	Potential Risk There is a risk that communications	Cause	5	Risk 10 Risk Title - Communication and Reputation Risk Theme - Governance								
Tim Eltringham,	There is a rick that communications		Potential Effect	Risk Score		Current Mit	tigations					
Responsible – John Wood, Senior Mgr	(internal and external) are not adequate.	stakeholders such as Elected Members and NHS Board Members.	Inefficient working, reputational damage, leading to reduced public confidence. Impact on staff morale and retention.	3x3=9	3. Recruitme 4. Regular lia colleagues 5. Links with subgroup) 6. Adult and	ommunication ent of communi aison with cour national netwo	with service providers ications officer ncil and NHS comms orks (SCIN comms on Committee Subgrouphed					
Proposed Mitigations	s (with dates)					Status	Progress Bar					
1. HSCP Commu	unications and Engagement Strategy	published (1/12/22)					20%					



Risk 11 Risk Title – Population Risk Theme - Governance							
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations		
Accountable – Tim Eltringham, Chief Officer Responsible – Mark Inglis / Billy McLean	There is a risk that demographic change places unsustainable pressures on demand for services.	Increased numbers in those requiring care services. Aging population, increase 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 meet change in service demands.	1 2 3 4 5 Impact 4x2=8	1.Strategic Plann 2.Trend monitorin intelligence 3.Investment in p 4.Insight and mor 5. Alignment of w	g and local/national revention nitoring	
Proposed Mitigations (with dates)						Progress Bar	
Reablement programme fully implemented (1/4/22)						80%	
2. Implementation of Children's Services Plan (1/4/23)						50%	
3. Invest in Ayr North / Wallacetown to address frailty. (1/12/21)						20%	
4. Implementation of	Implementation of Strategic Performance Framework (1/12/21)						



Risk 12	Risk Title -	Good Governance Strategi	c Planning and Business	Resilience	Risl	k Theme - Governance
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Curr	ent 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	with council/NHS 2. Clinical and case and case are taking cognisand 4. IJB Governand - IJB - Performance a - Health and Case - Risk and Resili 5. Lead Partners	are governance in place cil and NHS arrangements ce of IJB Governance ce Groups and Audit re Governance Group
Proposed Mitigations (v	Status	Progress Bar				
Development of IJB Governance Framework (1/10/21)						50%
2. Rollout of IJB member and staff training (1/10/21)						50%
3. Implementation of IJB Directions (1/8/21)						50%
4. Risk assessment training and workshops to be delivered to management (1/8/21)						30%
5. Establishing systems for recording and reporting risk management using Pentana/Datix within the HSCP as appropriate (date?)						30%



PERFORMANCE ** regular							
Risk 13 Ownership	Potential Risk	Risk Title – Ser	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.	Risk Score 5x1=5	1.COG 2. Internal Qua 2. QI Officer 3. Learning and 4. HSCP Trans 5. Implementat	lity Improvement Initiative d development sformation Plan	
Proposed Mitigations (with dates)						Progress Bar	
1.Implementation of Quality Assurance Framework (adult and older people services) (date?)						50%	
2.Mainstreaming of Quality Improvement Methodology across HSCP (1/6/22)						30%	
3.Implementation of Strategic Performance Framework for HSCP (1/12/21)						20%	
4.Implementation of Digital Strategy (1/4/23)						30%	



Guidance - Recording Risks - How?

Risk No. x			Risk Title - xxxxx	Risk Then	ne – Resources / Protection	on / Governance	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current M	litigations	
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	$oldsymbol{L}$		
Proposed Mitigations (v	vith dates)	Status	Progress Bar				
1. What is planr	ned to mitigate the risk		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 Fig 2

	Risk Themes					
Governance		Protection		tion	Resources	
Risk Rating						
Impact x				Likel	ihood	
1	Minor		1	Unli	kely	
2	Moderate		2	Possible		
3	Major		3	Likely		
4	Critical		4	4 Very Likely		
5	Catastrophic		5 Almost Certain			

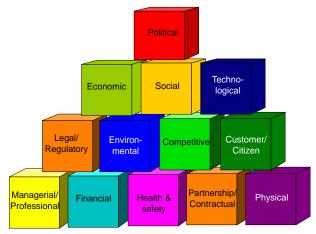


Fig 3	Status
~	Completed
	On Target
	Not on target – some concerns
	Not on target – major concerns
	Not yet started