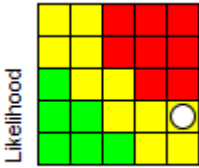


HSC Strategic Risk Register

Report Author: Danielle Rae


Generated on: 23 June 2022

Adults and Children

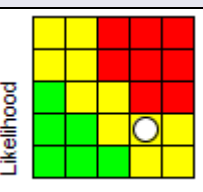
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer Risk Owner – Gary Hoey, CSWO	1. There are increased levels of hidden harm in our community as a result of lockdown and reduced community presence of services. 2. There is a risk of failure to provide adequate protection and the necessary level of support to vulnerable adults and children.	COVID-19	Potential harm to clients and vulnerable service users.	 <p>Likelihood</p> <p>Impact</p> <p>5x2</p>	<p>1. There are monthly Chief Officer Group (COG) meetings to monitor the impact of COVID-19 on public protection matters.</p> <p>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.</p> <p>3. APC and CPC receive a COVID-19 update at each meeting that charts the response to COVID-19 and actions taken.</p> <p>4. There are weekly Gold Group meetings chaired by the CEO to consider the weekly public protection dashboard</p> <p>5. HSC Directorate Management Team meets 3 times per week to provide leadership and oversight of response</p> <p>1. Established governance in place via Clinical and Care Governance</p> <p>2. APC and CPC meet regularly and review business plans</p> <p>3. MAPPA arrangements (including Management Oversight Group and Strategic Oversight Group) are in place and report monthly to COG</p> <p>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</p> <p>5. Regular updates to procedures and guidance have been shared as national COVID-19 guidance has been published</p> <p>6. IRD activity is now audited monthly to provide scrutiny and assurance in relation to this key activity</p> <p>7. ASP Lead Officer engaging first line managers in developing our response to vulnerable adults</p> <p>8. CSWO engaging with operational staff in relation to complex cases in both adult and children's services where there are complex risk factors</p> <p>9. Care First implemented across all children and adult social work teams.</p> <p>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</p> <p>2. Governance on new policy and procedure will be via CPC/APC through to</p>
		More complex family and adult needs	Potential for litigation, financial loss or reputational damage.		
		Quality Assurance Framework has been Absent	Potential for litigation, financial loss or reputational damage.		

				COG. 3. Development of Practice Standards in Social Work to commence that will support the policy framework
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Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
1.1 Develop and implement the quality assurance framework within commissioning, building on COVID-19 additional measures and the work of the Care Home Oversight Group	Gary Hoey	31-Mar-2022	✓	100%	Update provided by Scott Hunter Framework in place and new support officer commenced 1st November 2021. Move to current mitigation.
1.2 Full refresh of HSCP strategic and operational risk registers complete awaiting final approval from performance and audit committee	Gary Hoey	31-Dec-2021	▶	80%	The strategic and operational risk registers are reviewed on an ongoing basis at the Risk and Resilience Group.
1.3 Recruitment to strengthened commissioning and CSWO teams	Gary Hoey	31-Mar-2022	✓	100%	Recruitment is now complete for the Service Manager and Quality Assurance lead posts. Move to current mitigation.
1.4 Learning reviews have been commissioned in relation to the ADP, Public Protection and Adult Social Work services that will identify areas for improvement	Gary Hoey	31-Mar-2022	▶	80%	The Public Protection Review has been concluded. It was the consensus of the group to maintain the current structure of APC / CPC / MAPPA / PREVENT / MARAC in the mean time to allow development of knowledge of Public Protection Committees and their role / scope and function in other areas. The Adult Social Work Learning Review has been completed and there are two emergent areas. A reinstatement of the ethics of social work relational practice and a new integrated model of service delivery. The former is currently being progressed by the DMT taking into consideration other developments in Adult Social Work and the provision community based services. ADP Learning Review The independent ADP Learning Review is reaching a conclusion with the final report to be submitted to the July ADP meeting. The next phase of the learning review, which have been identified from the first phase of the learning review, activities include the development of a new ADP Commissioning Plan, an ADP Performance Framework and further developing collaborative practices, including continuing to raise the profile of the work of the ADP. This new phase of work will conclude by March 2023.
1.5 The ADP is developing a framework in relation to risk around drug related deaths	Gary Hoey	31-Mar-2022	▶	90%	The ADP have developed a local process for reviewing all suspected drug related deaths. Any key learning, and improvement actions, are considered by the relevant ADP sub group. The ADP continue to implement the ministerial national

					drug mission priority areas, including a new residential rehabilitation pathway which will be published in July 2022.
1.6 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	Gary Hoey	31-Mar-2022		85%	<p>Belmont Family First is now operational and emergent data is highlighting a positive story in the reduction of the use of external placements, alternative care arrangements and statutory interventions. Since the implementation of the project no children from this setting have went to external placements.</p> <p>Extensive training has been delivered to CHJS and partnering agencies outlining the ethos of this approach. Developments have occurred in relation to processes and Signs of Safety aligned processes and paperwork. This has ben integrated into the Carefirst Information System. Emergent feedback with regards to the approach has been very positive and highlighted the child and family centred nature of reports and plans to promote the wellbeing of children.</p> <p>We are seeing a drop in children on the Child Protection Register and Compulsory Supervision Orders that may be as a result of the both approaches.</p>

Climate Change and Sustainability

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
<p>Accountable – Tim Eltringham, Chief Officer</p> <p>Responsible – Sheila Tyeson, Senior Manager Planning and Performance</p>	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	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	 <p>Impact 4x2</p>	<p>1. Awareness raising and resilience planning</p> <p>2. Sustainability strategy (SAC and NHS)</p> <p>3. Continued engagement with Council and NHS on estates strategy taking cognisance of environmental impact</p>


		are currently not fully coordinated across services	Development Goals not adequately addressed.	
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Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
2.1 Reduction of HSCP Carbon Budget	Sheila Tyeson	31-Dec-2030		0%	To commence.
2.2 Implement environmental impact assessments across IJB decision-making processes	Sheila Tyeson	01-Apr-2022		15%	Contracts will consider EI in line with reducing travel, sustainable allocation and maximising capacity.
2.3 Council 'Future Operating Model' and NHS distributed working to be implemented, taking environmental impact into account	Sheila Tyeson	31-Dec-2030		40%	Future operating Model implementation in progress.

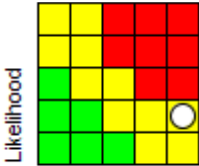
Communication and Reputation

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer Responsible – Sheila Tyeson, Senior Manager Planning and Performance	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.	<p>Likelihood</p> <p>Impact</p> <p>3x3</p>	<ol style="list-style-type: none"> 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 Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
3.1 HSCP Communications and Engagement Strategy published	Sheila Tyeson	01-Dec-2022		10%	A decision has been taken to develop a Community Engagement Strategy in conjunction with Community Planning Partners and a separate Communications Strategy for the HSCP. Work has already started on the Communications Strategy.

3.2 Improved relationships with community through Locality Planning Groups, etc. Review to complete by August 2021	Phil White	01-Aug-2021		20%	Broader review of locality planning being pursued under Community Planning with intention to create new Locality structure in line with CPP and HSCP and with greater links to operational HSCP teams and others. Review group established and with intention for re-launch in October 2022
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External Factors including Contingency Planning

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
<p>Accountable – Tim Eltringham, Chief Officer</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 COVID-19, Brexit, 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, e.g. pandemic. Factors imposed upon the HSCP such as legislative change, Government policy change, implications of Brexit, 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</p>	<p></p> <p>Likelihood</p> <p>Impact</p> <p>5x2</p>	<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. Council Risk and Safety Team continue to support SAC civil contingency and business continuity arrangements

			risk to life and potential fatalities.	
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Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
4.1 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	Sheila Tyeson	01-Sep-2022	▶	45%	Management changes has impacted on progress. Ongoing.
4.2 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	Sheila Tyeson	01-Sep-2021	▶	75%	Ongoing
4.3 Increase liaison with council and NHS resilience colleagues on issues such as Black Start and Brexit	Sheila Tyeson	01-Oct-2021	▶	45%	Ongoing
4.4 Fully understand and implement category 1 responder status of IJB – work ongoing via national networks	Sheila Tyeson	01-Sep-2021	▶	75%	Ongoing

Financial position

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	<p>Likelihood</p> <p>Impact</p> <p>4x2</p>	<ol style="list-style-type: none"> 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 Continue to monitor demand for services and plan for effects of future demand

Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
5.1 Development of 5-year medium term financial plan aligned to the new Strategic Plan	Lisa Duncan	01-Aug-2021		30%	Plan to be updated following SG Resource Spending Review publication and anticipated SG Health and Social Care Financial Framework expected in Autumn 22.
5.2 Implement systems to support monitoring demand	Lisa Duncan	31-Dec-2022		100%	Performance monitoring systems in place, this is now a current mitigation and included in regular budget monitoring reports
5.3 Monitoring of the Transformation Plan to redesign services –	Lisa Duncan	31-Dec-2030		100%	Transformation Plans are in place and being monitored, this is now a current mitigation and included in regular budget monitoring reports
5.4 Focus on cost drivers behind expenditure to ensure understanding in projected spend and data can inform corrective action where required	Lisa Duncan	31-Dec-2030		100%	Performance monitoring systems in place, this is now a current mitigation and included in regular budget monitoring reports
NEW 5.5 Use of Uncommitted General Reserves to invest in transformation activity to provide future financial sustainability	Lisa Duncan	Ongoing		20%	During 21-22 investment has been made in transformation activity. Proposed mitigation is to continue to use uncommitted reserves for this purpose. A template has been created to gather information on transformation investment and approval process agreed with Budget working Group

Good Governance, Strategic Planning and Business Resilience

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer Responsible – Sheila Tyeson, Senior Manager Planning and Performance	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	<p>Likelihood</p> <p>Impact</p> <p>4x2</p>	<ol style="list-style-type: none"> Governance improvement internal and with council/NHS Clinical and care governance in place Existing council and NHS arrangements taking cognisance of IJB Governance IJB Governance Groups <ul style="list-style-type: none"> - IJB - Performance and Audit - Health and Care Governance Group - Risk and Resilience Group Lead Partnership Arrangements (e.g. Mental Health and Primary Care)

Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
6.1 Development of IJB Governance Framework	Sheila	01-Oct-		50%	Ongoing. Change in post holder delayed.

	Tyeson	2022			
6.2 Rollout of IJB member and staff training	Sheila Tyeson	01-Apr-2023		50%	Ongoing in line with Councillor training/Council training. Training needs to be identified.
6.3 Implementation of IJB Directions	Sheila Tyeson	01-Aug-2021		50%	
6.4 Risk assessment training and workshops to be delivered to management	Sheila Tyeson	01-Dec-2022		30%	Ongoing
6.5 Establishing systems for recording and reporting risk management using Pentana/Datix within the HSCP as appropriate	Sheila Tyeson	01-Dec-2022		50%	Ongoing

ICT

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
NHS / Council Responsible – Thomas Griffin, ICT Advisor SAC	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	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>Likelihood</p> <p>Impact 4x2</p>	<ol style="list-style-type: none"> 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)





		may lack effective arrangements for ICT loss.		
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Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
7.1 Analogue to Digital Programme implemented (reported to Digital PB)	Sheila Tyeson	01-Apr-2023		15%	This programme is progressing and is reported through the Digital Programme Board every 2 months.
7.2 Implement Digital Strategy (reported to Digital PB)	Sheila Tyeson	01-Apr-2023		30%	On course to finish by April 2023 although the Document Management System will be a continuing work in progress beyond this date.
7.3 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.	Sheila Tyeson	01-Dec-2021		50%	IT Advisor attended Senior Management Team and delivered a session on digital resilience. A guide will be produced for managers when completing BCP's in November 2022.

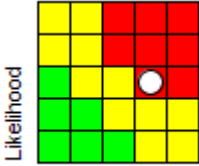
Population

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.	<p>Likelihood</p> <p>Impact</p> <p>4x2</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





Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
8.1 Reablement programme fully implemented	Billy McClean	01-Apr-2022		100%	Model fully implemented but continued vacancies are limiting the effectiveness and ability to meet KPIs. Move to current mitigations.

8.2 Implementation of Adult and Older People Service Plan	Billy McClean	01-Apr-2022		20%	Service Plan finalised and actions being prioritised. A number of actions already in progress.
8.3 Implementation of Children's Services Plan	Mark Inglis	01-Apr-2023		75%	The Children services plan is continuing to be implemented, however it has also grown substantially with the inclusion of the Promise, UNCRC, GIRFEC refresh and the added complications of COVID
8.4 Invest in services to address frailty	Billy McClean	01-Dec-2021		70%	New models to support proactive early intervention in community and primary care (staying ahead of the curve) and Hospital at Home partially implemented and in the process of role out.
8.5 Implementation of Strategic Performance Framework	Mark Inglis; Billy McClean	01-Apr-2022		50%	Both Adult and Children Services are investing and delivering on strategic performance Frameworks to support and drive change and measurement of such. Self-evaluation and team planning process fully implemented and embedded within adult services.

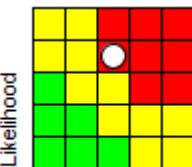
Premises






Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
NHS / Council Responsible – Sheila Tyeson, 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 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.	A number of premises at risk of no longer being fit for purpose. Adaptation of service model requiring new accommodation.	Impact on efficient recovery 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>Likelihood</p> <p>Impact</p> <p>4x3</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 4. Workshop involving range of partners being held on 13 June. 5. Premises issues are being raised within the context of the 3 Way Meeting involving the NHS, SAC and IJB 6. NHS has appointed Property Services Programme Manager who will have a key role in supporting the partnership to develop a strategic approach to Cfa.

	<p>There is a risk that all premises will not reopen fully following COVID-19</p> <p>The lack of high quality premises is now an emergent risk in attracting staff to work in South Ayrshire.</p>				
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Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
9.1 Future Operating Model (council) to be developed and implemented	Sheila Tyeson	01-Apr-2022		40%	Future operating Model implementation in progress.
9.2 Implementation of distributed working within NHS	Sheila Tyeson	01-Apr-2022		30%	No change. Change in post holder. Further update to be provided at next meeting.
9.3 Implementation of GMS contract with co-location of Multi-Disciplinary Team members in or around GP Practices	Phil White	01-Apr-2022		30%	<p>Implementation of GMS contract and a significant number of new MDT staff in and around GP Practices, has increased the limitations re appropriate premises. There are some minor premises adaptations that have taken place in premises and a feasibility study has been started by NHS Estates re an MDT space in Ayr Town Centre. Longer term space will be considered under the Caring for Ayrshire programme.</p> <p>A number of options are being considered at present which will better enable the delivery of services in local communities across South Ayrshire.</p>
9.4 List of priority buildings for HSCP to identify for investment (from SAC and NHS capital)	Phil White	01-Apr-2022		50%	<p>Workshop on 13 June with input from the new Property Services Programme Manager will be to support the refinement of a local strategy linked to CfA. A list for Caring for Ayrshire has been developed setting out our requirements for health and care buildings and with a ranking re priority. A position statement has been developed that sets our short, medium and longer term issues, opportunities and risks.</p>

Provider Organisations

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer 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 providers 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.	 <p>Likelihood</p> <p>Impact</p> <p>3x4</p>	<ol style="list-style-type: none"> Ongoing COVID-19 engagement with providers – focused on Provider engagement forums Contract monitoring and market intelligence undertaken by procurement team


Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
10.1 Provider-focused elements of Workforce Plan to be delivered	Sheila Tyeson	01-Apr-2022		40%	Ongoing facilitation and support for recruitment, retention and wellbeing.
10.2 Re-organise strategic engagement with provider organisations, combining operational information flow with thematic approach	Sheila Tyeson	01-Aug-2022		80%	Ongoing
10.3 Strategic partnership with VASA and Scottish Care published	Sheila Tyeson	01-Aug-2021		80%	Ongoing
10.4 Develop Quality Assurance Framework to provide assurance to IJB on commissioned services	Sheila Tyeson	01-Apr-2022		75%	Implemented. Roll out commenced July 2021. Ongoing.
10.5 Future of sustainability payments and post-COVID-19 contracts to be updated	Lisa Duncan	01-Oct-2022		100%	Contracts updated reflecting the providers uplift approved at the budget. Sustainability payments in relation to Covid part of current mitigations

Service Quality

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.	<p>Likelihood</p> <p>Impact</p> <p>5x1</p>	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

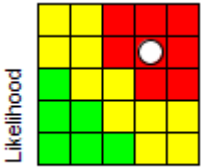
Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
11.1 Implementation of Quality Assurance Framework (adult and older people services)	Billy McClean	01-Jun-2022	✓	100%	Fully implemented and overseen through CSOG.
11.2 Mainstreaming of Quality Improvement Methodology across HSCP	Mark Inglis; Billy McClean	01-Jun-2022	▶	50%	Framework finalised and signed off by DMT. Delivery group established and actions in progress.
11.3 Implementation of Strategic Performance Framework for HSCP	Mark Inglis; Billy McClean	01-Dec-2021	▶	50%	Both Adult and Children Services are investing and delivering on strategic performance Frameworks to support and drive change and measurement of such. Self-evaluation and team planning process fully implemented and embedded within adult services.
11.4 Implementation of Digital Strategy	Sheila Tyeson	01-Apr-2023	▶	30%	Digital strategy is leading to some innovative and transformational practices across the HSCP, including Near Me, the use of IPADs for direct service user engagement and online meetings which suits some service users better than face to face meetings.





Workforce Protection

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer Responsible – Heads of Service (Billy McLean / Mark Inglis)	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.	Covid-19	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.	 <p>Likelihood</p> <p>Impact</p> <p>5x2</p>	<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. SAAPF and Staff Wellbeing Subgroup

Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
12.1 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.	Mark Inglis; Billy McClean	01-Nov-2021	✓	100%	There is ongoing training within the service in terms of safe working practices, which is supported by the practice and development team. There has been constantly reviewed processes for responding to COVID and full engagement with staff side throughout. Move to current mitigations.
12.2 Full understanding of post-pandemic infection prevention and control measures across council and NHS staff groups	Mark Inglis; Billy McClean	01-Nov-2021	✓	100%	Teams across the whole HSCP are aware of the post pandemic infection Prevention and control measures and these have remain flexible to respond to the rate of local infections and also the nation approach to lock downs. Regular updates communicated internally and to commissioned services. Move to current mitigations.
12.3 Suite of wellbeing measures developed and in place – carried forward by Wellbeing subgroup	Elaine Hill	01-Nov-2021	✓	100%	There is a full staff wellbeing approach which supports staff to access counselling, therapy and holistic therapies as well as relaxation to support over all wellbeing of all staff. This is available to all staff. Move to current mitigations.

Workforce Capacity and Capability

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer Responsible – Elaine Hill / Rosemary Robertson / Gary Hoey	There is a risk that the workforce 'pipeline' and local workforce market does not produce enough staff to occupy all roles across the HSCP (and providers). There is a risk that employees are not sufficiently trained and regularly upskilled to work to top of their role, meet future needs and 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.	 <p>Likelihood</p> <p>Impact</p> <p>4x4</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

Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
13.1 Development of a People Plan for the HSCP	Elaine Hill; Gary Hoey; Rosemary Robertson	31-Dec- 2022		0%	Agreed previously that new workforce plan will incorporate these elements. And that this can be removed.
13.2 Further work on workforce development and staff training (including on Quality Improvement) scoped by HSCP	Elaine Hill; Gary Hoey; Rosemary Robertson	31-Aug- 2021		60%	Workforce development has been established and is supported by Organisational Development within South Ayrshire Council. A draft workforce plan is currently being reviewed. Connections have been made with Improvement Scotland to move towards a single improvement methodology. There are improvement plans within the partnership across services as a result of external and internal audit and scrutiny. Workforce plan will identify training requirements for future service delivery.
13.3 More CAH staff to be brought in	Elaine Hill; Gary Hoey; Rosemary Robertson	31-Jan- 2022		30%	SAHSCP are actively working with local colleges to develop a pathway for CAH workers. Recruitment fairs and social media campaigns aim to stimulate this job market. Reflection by DMT on how to enable those interested in developing this career to access training and experience.
NEW 13.4 Develop new strategic workforce plan that incorporates how will attract support and develop our staff	James Andrew Elaine Hill Gary Hoey	31 August 2022		80%	Engagement with service stakeholders to inform Development of new strategic plan. Draft plan almost complete will include detailed plan on how we will attract train employ and nurture our staff.

	Rosemary Robertson				
NEW 13.5 Develop a sustainable model to improve staff wellbeing	Elaine Hill Phil White Rosemary Robertson	31 Dec 2023		30%	Wellbeing group established, feedback gathered from staff via a variety of routes. Communication team providing regular updates on supports available. Models of supervision reviewed across professional groups. Working with NHS and SAC to develop wellbeing supports and explore sustainable models of training for line managers and peers to support wellbeing of staff
NEW 13.6 Work with Partner agencies to Market Careers within HSCP and improve pipeline of potential recruits	James Andrew Elaine Hill Gary Hoey Rosemary Robertson	Dec 2023		20%	Working with Ayrshire college and Higher education institutions to promote careers within health and care and grow future workforce and attract recruits across range of health and care staff groups. Working pan-Ayrshire with UWS on nursing recruitment. Increased use of social media to highlight career opportunities and showcase SA HSCP as great place to work,