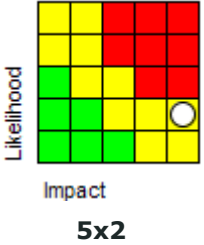


# HSC Strategic Risk Register

Report Author: Sheila Tyeson

Generated on: 18 August 2022

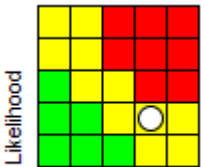
## Adults and Children

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><b>5x2</b></p>	<ol style="list-style-type: none"> <li>1. There are monthly Chief Officer Group (COG) meetings to monitor the impact of COVID-19 on public protection matters.</li> <li>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.</li> <li>3. APC and CPC receive a COVID-19 update at each meeting that charts the response to COVID-19 and actions taken.</li> <li>4. There are weekly Gold Group meetings chaired by the CEO to consider the weekly public protection dashboard</li> <li>5. HSCP Directorate Management Team meets 3 times per week to provide leadership and oversight of response</li> </ol>
		More complex family and adult needs	Potential for litigation, financial loss or reputational damage.		<ol style="list-style-type: none"> <li>1. Established governance in place via Clinical and Care Governance</li> <li>2. APC and CPC meet regularly and review business plans</li> <li>3. MAPPA arrangements (including Management Oversight Group and Strategic Oversight Group) are in place and report monthly to COG</li> <li>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</li> <li>5. Regular updates to procedures and guidance have been shared as national COVID-19 guidance has been published</li> <li>6. IRD activity is now audited monthly to provide scrutiny and assurance in relation to this key activity</li> <li>7. ASP Lead Officer engaging first line managers in developing our response to vulnerable adults</li> <li>8. CSWO engaging with operational staff in relation to complex cases in both adult and children's services where there are complex risk factors</li> <li>9. Care First implemented across all children and adult social work teams.</li> </ol>
		Quality Assurance Framework has been absent.	Potential for litigation, financial loss or reputational damage.		<ol style="list-style-type: none"> <li>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</li> <li>2. Governance on new policy and procedure will be via CPC/APC through to COG.</li> <li>3. Development of Practice Standards in Social Work to commence that will support the policy framework</li> </ol>

				4. Quality Assurance Framework established within Commissioning team 5. Recruitment of Service Manager and Quality Assurance leads is complete and posts filled.
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Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
1.1 Full refresh of HSCP strategic and operational risk registers complete awaiting final approval from performance and audit committee	Gary Hoey	31-Dec-2021	▶	80%	
1.2 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	▶	60%	The ADP and ASW Reviews are on schedule to report recommendations in March 22. The Public Protection Review is also scheduled for March 22 however there is a risk this may run into May 22 due to a missed board meeting which was scheduled at the same time the Kincaidston incident occurred.
1.3 The ADP Is developing a framework in relation to risk around drug related deaths	Gary Hoey	31-Mar-2022	▶	60%	A review of all suspected drug related deaths in 2020 has now been complete. The framework is being subsumed within the national drug death taskforce work implementing a residential rehabilitation pathway in South Ayrshire.
1.4 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	▶	66%	

## Climate Change and Sustainability

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 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	Effect may be further detriment to those already disadvantaged, increasing inequalities and exacerbating deprivation. Reduction in emissions not achieved to 1.5	 <p>Likelihood</p> <p>Impact</p> <p><b>4x2</b></p>	1. Awareness raising and resilience planning 2. Sustainability strategy (SAC and NHS) 3. Continued engagement with Council and NHS on estates strategy taking cognisance of environmental impact

		infrastructure while meeting short term goals are currently not fit for the future. Actions in place are currently not fully coordinated across services	degrees scenario therefore accelerating the pace of climate change. United Nations Sustainable 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%	Exploring options to impact on Carbon budget – hybrid meeting options.
2.2 Implement environmental impact assessments across IJB decision-making processes	Sheila Tyeson	01-Apr-2023		15%	<b>TARGET DATE UPDATED:</b> PROGRESS WITH CONTRACTS IMPACTED DUE TO COVID SUPPORT. Contracts will consider EI in line with reducing travel, sustainability 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		60%	Implementation on this continues to 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><b>3x3</b></p>	<ol style="list-style-type: none"> <li>1. Communications plan</li> <li>2. Regular communication with service providers</li> <li>3. Recruitment of communications officer</li> <li>4. Regular liaison with council and NHS comms colleagues</li> <li>5. Links with national networks (SCIN comms subgroup)</li> <li>6. Adult and Child Protection Committee Subgroup (Communications) established</li> </ol>

Proposed Mitigation	Assigned	Due Date	Status	Progress	Latest Note
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	To				
3.1 HSCP Communications and Engagement Strategy published	Sheila Tyeson	01-Dec-2022		10%	Work has 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

## External Factors including Contingency Planning

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 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	<p>Likelihood</p> <p>Impact</p> <p>5x2</p>	<ol style="list-style-type: none"> <li>1. Health protection measures</li> <li>2. Management response: COVID-19 DMT / CHOG / EMT meeting regularly</li> <li>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.</li> <li>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</li> <li>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</li> </ol>

			users, failure to deliver critical services resulting in 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-2021		45%	Ongoing. Recruitment to key posts has impacted on progress.
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-Dec-2022		75%	Target date changed due to BCP plans review. Ongoing
4.3 Increase liaison with council and NHS resilience colleagues on issues such as Black Start and Brexit	Sheila Tyeson	01-Oct-2021		55%	Regular meetings and attendance by HSCP managers. Lead is Liz Roy. Linked to the Senior Manager Policy/Performance.
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><b>4x2</b></p>	<ol style="list-style-type: none"> <li>1. Appointment of CFO</li> <li>2. Medium-term financial plan</li> <li>3. Monitoring of COVID-19 finance</li> <li>4. Allocation from Scottish Government, Council and NHS</li> <li>5. Regular BM reporting to IJB Continue to monitor demand for services and plan for effects of future demand.</li> <li>6. Performance monitoring systems to monitor demand in place and includes regular monitoring reports.</li> <li>7. Transformation Plans in place and monitored, including regular budget monitoring reports.</li> <li>8. Performance monitoring reports for cost drivers behind expenditure for projected active. Data can inform corrective action when required.</li> </ol>

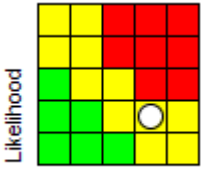
Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
5.1 Development of 5 year medium term financial plan aligned to the new Strategic Plan	Lisa Duncan	01-Aug-2021		30%	

## 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 Impact 4x2</p>	<ol style="list-style-type: none"> <li>Governance improvement internal and with council/NHS</li> <li>Clinical and care governance in place</li> <li>Existing council and NHS arrangements taking cognisance of IJB Governance</li> <li>IJB Governance Groups <ul style="list-style-type: none"> <li>- IJB</li> <li>- Performance and Audit</li> <li>- Health and Care Governance Group</li> <li>- Risk and Resilience Group</li> </ul> </li> <li>Lead Partnership Arrangements (e.g. Mental Health and Primary Care)</li> </ol>

Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
6.1 Development of IJB Governance Framework	Sheila Tyeson	01-Oct-2021		50%	
6.2 Rollout of IJB member and staff training	Sheila Tyeson	01-Oct-2023		60%	TARGET DATE CHANGED TO SUPPORT ONGOING ROLLOUT OF TRAINING DURING TERM. Some training has been implemented. Further work to identify more continues.
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-Oct-2021		30%	
6.5 Establishing systems for recording and reporting risk management using Pentana/Datix within the HSCP as appropriate	Sheila Tyeson	01-Oct-2021		50%	

## ICT

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	 <p>Likelihood</p> <p>Impact</p> <p><b>4x2</b></p>	<ol style="list-style-type: none"> <li>1. NHS and Council provide IT equipment</li> <li>2. Digital Strategy published</li> <li>3. A bespoke ICT Risk Register in place, which is subject to review as part of standard operating practice.</li> <li>4. Digital Programme Board overseeing delivery of Digital Strategy and related systems upgraded (Carefirst and CM)</li> </ol>

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%	Progress continues.
7.2 Implement Digital Strategy (reported to Digital PB)	Sheila Tyeson	01-Apr-2023		50%	Progress continues. Recruitment of Digital Programme manager will speed up.
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	Sheila Tyeson	01-Dec-2021		50%	BCP's will be reviewed by December 2022.

likely that BC plans will require to change as result of the pandemic.					
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## Population

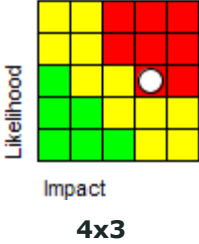
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer  Responsible – Mark Inglis / Billy McClean	There is a risk that demographic change places unsustainable pressures on demand for services.	Increased numbers in those requiring care 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><b>4x2</b></p>	1.Strategic Planning 2.Trend monitoring and local/national intelligence 3.Investment in prevention 4.Insight and monitoring 5. Alignment of work with CPP 6. Reablement programme fully implemented. Vacancies will be monitored.





Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
8.1 Implementation of Children’s Services Plan	Mark Inglis; Billy McCLean	01-Apr-2023		50%	CS Plan continues to be implemented. Increased reach due to the Promise, UNCRC, GIRFEC fresh and the impact of Covid.
8.2 Invest in Ayr North / Wallacetown to address frailty	Mark Inglis; Billy McCLean	01-Dec-2021		20%	Ongoing.
8.3 Implementation of Strategic Performance Framework	Mark Inglis; Billy McCLean	01-Apr-2022		50%	Ongoing.

## Premises

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
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<p>NHS / Council</p> <p>Responsible – Sheila Tyeson, Senior Manager Planning and Performance</p>	<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.</p> <p>Damage to Council's reputation.</p> <p>Inability to co-locate staff e.g. core GP Multi-Disciplinary Team staff.</p>		<p>1.NHS and Council provide premises</p> <p>2.Agile working in place for majority of HSCP staff</p> <p>3. Regular Premises and Accommodation Group monitoring future options and providing governance to decisions, supported by regular DMT</p> <p>4. HSCP involvement in Caring for Ayrshire Programme</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-2023		60%	TARGET DATE CHANGED AS FOM IS ROLLED OUT. Ongoing.
9.2 Implementation of distributed working within NHS	Sheila Tyeson	01-Apr-2022		30%	Ongoing.
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>There a large number of MDT staff in or linked to MDT working around GP Practices including CTAC, Pharmacy, Mental Health, Link Worker, MSK Physiotherapy and others.</p> <p>There is increasing limitations because of premises re co-location.</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	Phil White	01-Apr-		50%	A Position Statement on premises has been developed and also

SAC and NHS capital)		2022			a report to June IJB setting out premises issues and a list of short/medium and longer term issues
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## 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><b>3x4</b></p>	<ol style="list-style-type: none"> <li>Ongoing COVID-19 engagement with providers – focused on</li> <li>Provider engagement forums</li> <li>Contract monitoring and market intelligence undertaken by procurement team</li> <li>Sustainability payments and contracts post covid have been updated.</li> </ol>

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. National challenges around recruitment continue.
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	▶	100%	Implemented. <b>Move to current mitigations.</b>


## Service Quality

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
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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 Impact <b>5x1</b></p>	<ol style="list-style-type: none"> <li>1. COG</li> <li>2. Internal Quality Improvement Initiative</li> <li>2. QI Officer</li> <li>3. Learning and development</li> <li>4. HSCP Transformation Plan</li> <li>5. Implementation of learning/recommendations from CI/HIS/Audit Scotland inspections and audits</li> <li>6. Quality Assurance Framework implemented.</li> </ol>
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Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
11.1 Mainstreaming of Quality Improvement Methodology across HSCP	Mark Inglis; Billy McClean	01-Jun-2022		50%	Actions to deliver in progress.
11.2 Implementation of Strategic Performance Framework for HSCP	Mark Inglis; Billy McClean	01-Dec-2021		50%	Continued progress and ongoing.
11.3 Implementation of Digital Strategy	Sheila Tyeson	01-Apr-2023		50%	Ongoing. DPM recruitment will progress.

## 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)	<ol style="list-style-type: none"> <li>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.</li> <li>2. There is a risk that health &amp; safety risk assessments in some areas may not currently identify adequate mitigations to safeguard employees from hazards such as COVID-19,</li> </ol>	Covid-19	<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>	 <p>Likelihood Impact <b>5x2</b></p>	<ol style="list-style-type: none"> <li>1. Health protection guidance</li> <li>2. Existing Council H&amp;S Policies and procedures. COVID-19 sample H&amp;S Risk Assessments developed for Service use. H&amp;S FAQs and Return to Work Guidance prepared and issued. Range of guidance, information, links and training on H&amp;S CORE page.</li> <li>3. Risk Assessment Training &amp; Support, plus Council Standard and a range of courses on Management of Actual or Potential Aggression, Dealing with Difficult Behaviour, De-escalation, etc.</li> <li>4. Clinical and Care Governance arrangements in place. SAAPF and Staff Wellbeing Subgroup</li> <li>5. Training is ongoing within service for safe working practices, which is under constant review to respond to emerging need.</li> <li>6. Post pandemic infection prevention and control measure embedded across NHS staff grounds and Council.</li> <li>7. Staff wellbeing approach including counselling, holistic therapy and relaxation available.</li> </ol>



	Violence and Aggression etc.			
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Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note

## 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><b>4x4</b></p>	<ol style="list-style-type: none"> <li>1.Workforce Plan developed</li> <li>2.Engaging with national/regional initiatives</li> <li>3.Culture and leadership</li> <li>4.Training and development</li> <li>5.Management support: PDR and supervision</li> </ol>

Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
13.1 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.
13.2 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.
13.3 Develop new strategic workforce plan that incorporates how will attract support and develop our staff	James Andrew Elaine Hill Gary Hoey Rosemary Robertson	31 August 2022		90%	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.