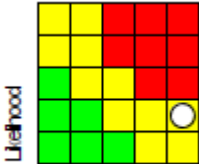


HSCP Strategic Risk Register

Report Author: Rachael Graham

Generated on: 20 February 2023

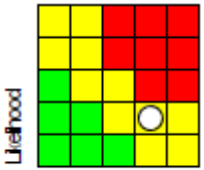
Adults and Children

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>Impact 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. HSCP 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</p>
		More complex family and adult needs	Potential for litigation, financial loss or reputational damage.		
			Potential for litigation, financial		

		Quality Assurance Framework has been Absent	loss or reputational damage.		Performance Sub Group is leading this review work and will report progress at each meeting 2. Governance on new policy and procedure will be via CPC/APC through to COG. 3. Development of Practice Standards in Social Work to commence that will support the policy framework
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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	✓	100%	12-Oct-2022 New risk to be added for current year.
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%	12-Oct-2022 Learning Reviews ongoing. Target date to change to reflect ongoing nature of action.
1.3 The ADP Is developing a framework in relation to risk around drug related deaths	Gary Hoey	31-Mar-2022	▶	60%	08-Sep-2022 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 infrastructure	Effect may be further detriment to those already disadvantaged, increasing inequalities and exacerbating deprivation. Reduction in emissions not achieved to 1.5 degrees scenario	 <p>4x2</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

		while meeting short term goals are currently not fit for the future. Actions in place are currently not fully coordinated across services	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	Rachael Graham	31-Dec-2030		5%	20-Feb-2023 Progress is ongoing.
2.2 Implement environmental impact assessments across IJB decision-making processes	Sheila Tyeson	01-Apr-2023		30%	05-Jan-2023 EIA's T&C's are managed on behalf of the HSCP by Corporate Procurement across all contracts for consistency.
2.3 Council 'Future Operating Model' and NHS distributed working to be implemented, taking environmental impact into account	Rachael Graham	31-Dec-2030		70%	20-Feb-2023 Planning & Performance Coordinator now in post to progress this piece of work.

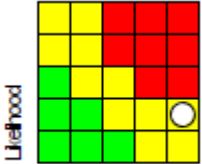
Communication and Reputation

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>Impact 3x3</p>	<ul 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%	10-Jan-2023 This has been programmed for completion during 2023. Initial development meetings planned for Jan 2023.

3.2 Improved relationships with community through Locality Planning Groups, etc. Review to complete by August 2021	Phil White	01-Aug-2021		30%	05-Jan-2023 There is appetite to re-launch Locality Planning Partnerships under Community Planning with buy in from CPP Partners and workshop to explore further in January 23 with aim of re-launch in Spring 2023
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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 risk to life and potential fatalities.</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

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	Rachael Graham	01-Sep-2021		45%	10-Jan-2023 10-Jan-2022 Planning & Performance Coordinator role now filled and work can progress to develop further.
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	Rachael Graham	01-Sep-2021		75%	20-Feb-2023 Planning & Performance Coordinator now in post and work can progress to develop further.
4.3 Increase liaison with council and NHS resilience colleagues on issues such as Black Start and Brexit	Sheila Tyeson	01-Oct-2021		55%	18-Aug-2022 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	Rachael Graham	01-Sep-2021		75%	20-Feb-2023 Planning & Performance Coordinator now in post and work can progress to develop further.

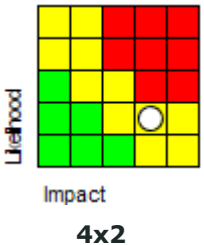
Financial position

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		<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	31-Mar-2023		30%	28-Oct-2022 Target date needs revised to March 23. Impact of covid delayed publication of HSC Medium Term Financial Framework. Working groups have now been set up to drive

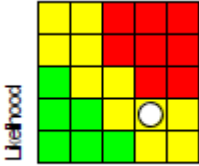
					<p>this work forward. The impact over the last two years and non-recurring funding allocation, economic climate and covid pandemic impacted on the original timeframe. SAHSCP CFO has joined the working group in developing the MTFF and current plan would be to present IJB Medium Term Financial Plan for approval in March 23</p>
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Good Governance Strategic Planning and Business Resilience

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 good governance is not in place in order to enable the HSCP to make clear, safe and well-informed decisions.</p>	<p>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.</p>	<p>Lack of compliance Failure to meet statutory requirements Poor best value audit Reputational damage</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)

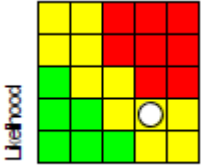
Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
6.1 Development of IJB Governance Framework	Sheila Tyeson	01-Oct-2021		50%	
6.2 Rollout of IJB member and staff training	Sheila Tyeson	01-Oct-2021		65%	05-Jan-2023 Training and development days for 2023 scheduled.
6.3 Implementation 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>4x2</p>	1. NHS and Council provide IT equipment 2. Digital Strategy published 3. A bespoke ICT Risk Register in place, which is subject to review as part of standard operating practice. 4. Digital Programme Board overseeing delivery of Digital Strategy and related systems upgraded (Carefirst and CM)


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%	08-Sep-2022 Progress continues.
7.2 Implement Digital Strategy (reported to Digital PB)	Sheila Tyeson	01-Apr-2023		75%	05-Jan-2023 Digital Programme Manager progress to implement, review and refresh the Digital Strategy has been hindered due to staffing in other teams. Focus will be redirected to the Strategy in 2023.
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		100%	05-Jan-2023 BCP's updated 6 monthly. request due date change to be updated and met.

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.	 Likelihood Impact 4x2	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 Implementation of Children’s Services Plan	Mark Inglis; Billy McClean	01-Apr-2023		50%	08-Sep-2022 CS plan continues to be implemented. Increased reach due to the Promise, UNCRC, GIRFEC refresh and the impact of covid.
8.2 Invest in Ayr North / Wallacetown to address frailty	Mark Inglis; Billy McClean	01-Dec-2021		20%	08-Sep-2022 Ongoing
8.3 Implementation of Strategic Performance Framework	Mark Inglis; Billy McClean	01-Apr-2022		50%	10-Jan-2023 Fully implemented in adult services

Premises

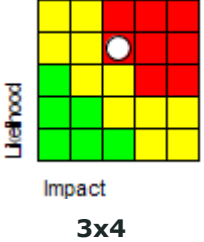
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
NHS / Council Responsible – Sheila Tyeson, Senior Manager Planning and Performance	There is a risk that the HSCP does not have adequate premises from which to operate its business. There is a risk that required physical	A number of premises at risk of no longer being fit for purpose. Adaptation of service model requiring new	Impact on efficient recovery of HSCP services. Adverse incidents and compliance failure. Damage to Council’s	 Likelihood Impact	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

	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. There is a risk that all premises will not reopen fully following COVID-19	accommodation.	reputation. Inability to co-locate staff e.g. core GP Multi-Disciplinary Team staff.	4x3	
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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		100%	05-Jan-2023 FOM in place.
9.2 Implementation of distributed working within NHS	Sheila Tyeson	01-Apr-2022		30%	
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%	05-Jan-2023 The MDT members are largely in place although space continues to be a significant risk. There is work in Prestwick, Troon and Ayr to try to increase space availability
9.4 List of priority buildings for HSCP to identify for investment (from SAC and NHS capital)	Phil White	01-Apr-2022		50%	05-Jan-2023 Premises availability continues to be a significant risk - Joint premises in Preswick and Troon have been identified and will be operational in early 2023

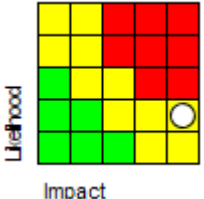
Provider Organisations

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
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Accountable – Tim Eltringham, Chief Officer Responsible – Sheila Tyson, 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 Impact 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
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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		25%	05-Jan-2023 WFP subgroups will progress during 3 year of WFP. Request due date move to end of WFP.
10.2 Re-organise strategic engagement with provider organisations, combining operational information flow with thematic approach	Sheila Tyeson	01-Aug-2022		80%	
10.3 Strategic partnership with VASA and Scottish Care published	Sheila Tyeson	01-Aug-2021		80%	
10.4 Future of sustainability payments and post-COVID-19 contracts to be updated	Lisa Duncan	01-Oct-2022		40%	12-Oct-2022 Ongoing, revision of contract specifications and Cost of Living uplifts continue. CFO leads on financial detail.

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 Impact</p>	<ol style="list-style-type: none"> COG Internal Quality Improvement Initiative QI Officer Learning and development HSCP Transformation Plan 5. Implementation of learning/recommendations from CI/HIS/Audit Scotland inspections and audits

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Proposed Mitigation	Assigned To	Due Date	Status	Progress	Latest Note
11.1 Implementation of Quality Assurance Framework (adult and older people services)	Mark Inglis; Billy McClellan	01-Jun-2022		100%	10-Jan-2023 Complete
11.2 Mainstreaming of Quality Improvement Methodology across HSCP	Mark Inglis; Billy McClellan	01-Jun-2022		50%	10-Jan-2023 Foundation level module ready, practitioner AAIFs training being delivered, lead level training booked for June 23.
11.3 Implementation of Strategic Performance Framework for HSCP	Mark Inglis; Billy McClellan	01-Dec-2021		20%	
11.4 Implementation of Digital Strategy	Thomas Griffin	01-Apr-2023		35%	10-Jan-2023 Initial planning stages ongoing, meeting programmed for Jan 23. Thomas Griffin to be updated as action owner for this.

Work Force 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 style="text-align: center;">5x2</p>	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
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Workforce Development

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer Responsible – Rosemary Robertson / Sheila Tyeson	There is a risk that employees are not adequately trained and regularly upskilled to maintain effectiveness. There is a risk that the workforce 'pipeline' does not produce enough staff to occupy all roles across the HSCP (and providers).	Budget constraints, lack of training. High staff turnover. Lack of strategic workforce planning.	Incurring additional unbudgeted spend. Services may not be delivered effectively. Reliance on specialist or external organisations and contractors. Staff morale and effectiveness impacted.	<p>4x4</p>	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
12.1 Development of a People Plan for the HSCP	Gary Hoey; Rosemary Robertson	31-Dec- 2022		100%	08-Sep-2022 completed and refreshed. Workforce plan submitted to SG. Move to current mitigations.
12.2 Further work on workforce development and staff training (including on Quality Improvement) scoped by HSCP	Gary Hoey; Rosemary Robertson	31-Aug- 2021		30%	09-Dec-2022 -- enter new status update --
12.3 More CAH staff to be brought in	Gary Hoey; Rosemary Robertson	31-Jan- 2022		30%	12-Oct-2022 Recruitment has stalled. Increased activity to promote recruitment opportunities.