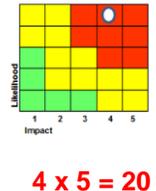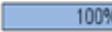The South Ayrshire Health and Social Care Partnership Strategic Risk Register is underpinned by reference to 7 key risk themes - Resources, Planning, Inequality, Health, Governance, Protection and Engagement. 16 risks of strategic significance have been identified within these themes.

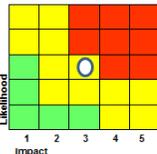| Risk	Score
1. Resources	
1.1 Financial Constraints/Resource Allocation	**20**
1.2 Technology Systems	**10**
1.3 Information Sharing	**9**
1.4 Effective Staff Management	**9**
1.5 Supplier / Contractor failure	**9**
1.6 Culture Change	**6**
2. Planning	
2.1 Demographic Pressures	**16**
3. Inequality	
3.1 Reduce Inequalities	**12**
4. Health	
4.1 Unplanned Admissions	**16**
4.2 Delayed Discharge	**16**
4.3 Availability of General Practitioners and fragility of some GP practices	**12**
5. Governance	
5.1 Integration of Health and Social Care	**12**
5.2 Locality Working	**6**
6. Protection	
6.1 Adult Support and Protection	**10**
6.2 Child Protection	**10**
7. Engagement	
7.1 Effective Communication	**6**

The successful mitigation of these risks will support the delivery of the IJB Strategic Plan. Strategic Risk Management input is provided by Chief Officers and Service Leads. Owners are nominated for each risk to ensure clear accountability and responsibility in terms of their management. Detail is provided on risk mitigations – both current and proposed. Target dates are recorded in respect of the achievement of the proposed mitigations.
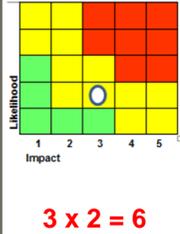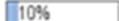
Risk 1.1 Theme – Resources Title – Financial Constraints/Resource Allocation **We will manage resources effectively, making best use of our integrated capacity**						

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – Tim Eltringham, Chief Officer Responsible – Rob Whiteford, Chief Finance Officer	The level of resource provided by the Statutory Partners and Scottish Government is insufficient to meet local need and demand, national and local outcomes and to deliver Strategic Plan Objectives.	As a result of national and local funding constraints, further efficiency savings are required in budgets for community based services at a time of increasing demand for services brought about by demographic and other pressures.	Risk of dispute arising between Parties. Risk of dispute with other partners. Partnership breaks down because it cannot deliver its objectives. Needs are not met in accordance legislative requirements and in line with approved strategies and policies. High risk of annual overspend on Integrated Budget. The IJB will require to reduce its commissioning activity below 2018-19 levels. Reputational damage.	 **4 x 5 = 20**	1. Strategic Plan for 2018-21 in place. 2. Regular reporting on Integrated Budget to IJB in place by Chief Finance Officer. 3. DMT reviews budgets at regular special Finance Meeting. 4. IJB Integrated Budget Recovery Plan in place for 2018-19 which partially addresses projected £4m in-year overspend. Council has agreed to provide additional funding to cover in-year overspend, subject to mediation and which is to be repaid over 4 years. 5. Eligibility criteria for adult social care services raised to "critical". 6. Vacancy panel in place within NHS Ayrshire and Arran to monitor filling of vacancies.	

Proposed Mitigations (with dates)	Status	Progress Bar
1. Strategies, plans and resources for services in a number of areas are under review with an expectation of delivering efficiency savings in the areas concerned. These include Mental Health Services, Learning Disability Services, Care at Home and Children's Services. (31.03.19)	▶	70% *Same*
2. More detailed 3 year budget plan to be developed for inclusion in new 2018-21 Strategic Plan. Partly complete. More work to be done in 2019-20. Financial Planning Manager being recruited. Applications received. (revised 31.03.20)	▶	25% *Increased from 10%*
NEW 3. IJB has established a Budget Working Group that has the task of preparing proposals that will allow a balanced budget to be set in 2019-20. It will also oversee the preparation of longer term financial plans.	▶	30%
4. Transformational programme of activity in place designed to develop new ways of providing care and support and to shift the balance of care from acute to community. New national indicators developed to measure progress. Local programme of activity now under direction of Driving Change Officers Group. (revised 31.03.20) Progress being made	▶	50% **Same**
5. *NEW* Need identified relating to the development of local governance arrangements in South Ayrshire to include regular three-way meetings between the IJB and the Parties to improve collaborative working designed to promote joint understanding of local needs, service transformation, governance responsibilities and funding.	▶	10%

Risk 1.2	Theme – Resources	Title – Technology Systems			
We will manage resources effectively, making best use of our integrated capacity					
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – Tim Eltringham, Director of Health and Social Care

Responsible - Tim Eltringham, Director of Health and Social Care | Failure of critical technology systems may not be corrected before causing an unacceptable impact to Health and Social Care Services. | The current bespoke in-house SWIS ICT system has only a limited level of available, knowledgeable and skilled ICT support personnel. Departure of in- house primary support officer meant system faults may not be able to be quickly resolved.

The legacy hardware and software platform that SWIS operates from is no longer under technical support from vendors, and any faults may not be able to be quickly resolved.

A cyber-security incident may block access to business systems for an extended period of time. | That information cannot be accessed for particular service users or groups of service users.

Essential management information is not available.

The SWIS system critically fails before its replacement by Carefirst. |
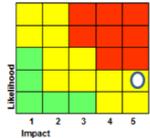
5 x 2 = 10 | 1. Internal ICT policy requires skill/knowledge coverage for core systems to be shared by a minimum of 2 support colleagues – with one nominated as primary support analyst. Should someone resign, systems may have only 1 support colleague until a replacement is recruited and trained.
2. Documented ICT disaster recovery plans are in place for all core business systems.
3. Health and Social Care Business Continuity Plans include the response to the loss of technology systems. |
| **Proposed Mitigations (with dates)** | | | | **Status** | **Progress Bar** |
| 1. Recruitment to replace the recent departure of the primary SWIS support analyst has been completed. SWIS now has the required level of knowledgeable and skilled ICT support personnel to deal with any issues. A second Information Systems Analyst has been appointed and has been supporting SWIS since last year. | | | | ✔ | 100%
Complete |
| 2. A project to replace the legacy SWIS system with Carefirst is under way. Phase 1 to migrate Justice Services to Carefirst has been successfully completed. The Phase 2 migration of Children's Services should be completed by 30th April. Community Care will follow thereafter. (31.03.20) | | | | ▶ | 30%
Increased from 15% |
| 3. The new ICT support analyst is expected to cover technical support for Carefirst once the implementation project is completed. Skills transfer (transition to operations) is to be completed as part of Carefirst system go-live. (31.03.20) | | | | ▶ | 0%
Same |
| 4. ICT is to move SWIS onto vendor- supported infrastructure. (30.06.19) | | | | ▶ | 30%
Increased from 0 |

Risk 1.3	Theme - Resources		Title – Information sharing			
We will manage resources effectively, making best use of our integrated capacity.						
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Accountable – Tim Eltringham, Director of Health and Social Care

Responsible - Bill Gray, Senior Manager Planning & Performance | Information sharing acts as a hindrance to effective integrated working rather than facilitating it. | ICT systems remain stand alone and are not integrated or there are inadequate interfaces between systems. There is a restrictive approach taken to information sharing by Managers responsible for Governance. Staff are uncertain as to what information can be shared with colleagues and service users. | Impacts negatively on the provision of seamless services to service users and impacts adversely on service efficiency. |

3 x 3 = 9 | 1. Information Sharing Protocol (ISP) in place between IJB, NHS Ayrshire & Arran and South Ayrshire Council.
2. Pan-Ayrshire Data Sharing Partnership in place.
3. Council and Health Information Governance Managers meeting regularly to discuss potential developments in this area.
4. ISP in place with Government Information Services Division (ISD) to link health and social care data to create integrated information for Adult and Older People's Services to assist with service planning.
5. Training completed across HSCP on GDPR. | |

Proposed Mitigations (with dates)	Status	Progress Bar
1. New Social Work Information System to be procured and implemented which will improve access to social care information. (revised 31.03.20)	▷	30%

Increased from 15% |
| 2. ISD will work with the Partnership to "CHI seed" Social Care Information system which will create an effective link with health information by means of a common reference field. (revised to 31.03.20) | ⚠ | 10%

Same |

Risk 1.4 Theme - Resources Title – Effective Staff Management We will manage resources effectively, making best use of our integrated capacity					
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – Tim Eltringham, Director of Health and Social Care

Responsible - Heads of Service and Senior Managers | Inadequate management and deployment of staff at all levels throughout the Partnership.

Inadequate numbers of staff to deliver partnership agenda as set out in Strategic Plan. | High numbers of staff not being at work because of short and long-term absences.

Failure to ensure staff are provided with statutory and mandatory training as required by their role.

Failure to ensure that all staff have an opportunity to discuss performance and personal development. | Negative Impact on Service Delivery. Negative impact on remaining staff. Pressures on the system.

Potential breach of existing legislation resulting in staff/service user harm and increased likelihood of criminal/civil action.

Inadequate deployment of scarce resource. Negative impact on service efficiency. Negative impact on others. |

3 x 3 = 9 | 1. Regular management information available to all management and supervisory staff to assist them manage their staff teams. 2. Information discussed regularly at SMT with emphasis on ensuring compliance with approved Council and NHS Board policies and procedures. 3. Professional training programme in place. 4. Key PDR issue for all management level staff. 5. MAST training arrangements in place. 6. Clinical and Care Governance Group established with a responsibility to ensure that adequate skills training and professional development is in place on an ongoing basis. |

Proposed Mitigations (with dates)	Status	Progress Bar
1. Partnership CPD training plan being revised and developed for implementation from 1st April, 2019 for 12 month period. (31.03.20)	▶	20% *Increased from 10%*
2. Instruction issued to all managers to complete all PDR reviews. (revised 31.03.20)	▶	70% *Same*
3. Effectiveness of staff supervision arrangements to be reviewed and considered by SMT. (revised 30.09.19)	▶	0% *Same*

Risk 1.5	Theme - Resources	Title – Supplier/Contractor Failure			
We will manage resources effectively, making best use of our integrated capacity					
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – Tim Eltringham, Director of Health and Social Care Responsible – Heads of Service and Senior Managers	There is a risk that; a. Suppliers have insufficient resilience to meet contractual commitments in the event of business interruption; and/or b. Services have inadequate contingency plans in place in the event of supplier or contractor failure; or c. There is a degree of fragility in the local market caused in part by issues around sustainability.	Adverse incident / event. Contractor / Supplier credit rating reduced or business liquidated. Lack of planning. Introduction of living wage and other cost pressures on social care providers. Funding pressures. Cash flow issues.	Failure to deliver critical services, risk to service users, reputational damage, financial loss, statutory breach and litigation.	 **3 x 3 = 9**	1. Established Council processes such as contract tender evaluations, framework agreements, credit checks, contract monitoring and current business continuity arrangements. 2. Council contracts are fully segmented in a manner that clearly indicates the higher risk nature of some contracts. 3. Council contract managers are updated monthly with credit check information and significant changes highlighted. Advice and support is provided on actions required and these are recorded and monitored. 4. Contract monitoring activity on-going. 5. Regular meetings with Providers via Providers Forums.

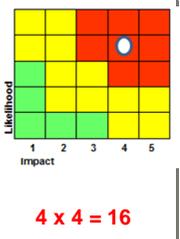| Proposed Mitigations (with dates)	Status	Progress Bar
1. Review existing Service Business Continuity Plans and determine the adequacy of arrangements in relation to critical services – including those of suppliers / contractors. (**revised** 30.09.19) Delayed due to non-filling of vacancy.	▶	15% *Increased from 10%*
2. Ensure high risk contracts are identified and the procurement journey reflects a mandatory evaluation by Contract Managers of Business Continuity and Disaster Recover responses from Contractors and Suppliers. (**revised** 30.09.19)	▶	50% *Same*
3. Discussion with NHS to determine current supplier/contractor processes and adequacy of arrangements in Business Continuity Plans. (**revised** 30.09.19)	▶	0% *Same*
4. New commissioning plans for contracted services being prepared. Initial focus has been on learning disability and mental health. Will include contract review and renewal. (**revised** 31.03.20)	▶	40% *Increased from 20%*

Risk 1.6 Theme - Resources Title – Culture Change We will manage resources effectively, making best use of our integrated capacity.					
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – Tim Eltringham, Director of Health and Social Care Responsible - Heads of Service and Senior Managers	Staff do not adapt and/or are not supported to adopt new ways of working required as part of an integrated partnership approach.	Professional and cultural issues. Organisational Development. Plans not implemented. Lack of leadership. Poor communication. Lack of will.	Impacts adversely on integration of service and delivery of National Integration Principles. Potential reputational damage.	 **3 x 2 = 6**	1. Health and Care Governance Group appointed. 2. Leadership Development Training taken place / in place for senior staff. 3. PDR process for staff in place and significantly rolled out. 4. Four sessions held with organisational leaders and supervisory staff in 2018 to cover: learning organisations, changes, Self-Directed Support, Commissioning, Working with Risk and Primary Care.

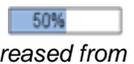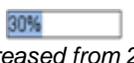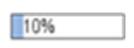| Proposed Mitigations (with dates)	Status	Progress Bar
1. Communication Plan for Partnership developed and in place.	✔️	100% *Increased from 70%*
NEW. 1. Bespoke Organisational Development Programme for all Children's Services Managers focused on leadership and transformational change. Programme will have young people from the Champions Board involved at all stages.(31.08.19)	▷	10%
NEW 2. Adopt, implement and support a learning organisational model within the partnership – (30.06.19)	▷	10%
NEW 3. Develop practice development sessions to enable practitioners across the Partnership to come together to discuss, explore and develop practice. (30.06.19)	▷	10%
NEW 4. Continue Organisational leaders and supervisory staff sessions (31.03.21).	▷	10%
NEW 5. Bespoke leadership and management development programme for team leads and above in adult and older people's services to embed a robust and consistent approach to leadership and management. (Feb 2019 – Feb 2020)	▷	10%
NEW 6. Implementation of new Quality Assurance and Governance Framework to ensure clear and consistent approach to quality assurance and governance across all partnership services. (March 2019)	▷	10%

Risk 2.1	Theme – Planning	Title – Demographic Pressure
We will shift the balance of care from acute hospitals to community settings.		

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Chief Officer Responsible – Tim Eltringham, Chief Officer	The projected rise in demand will be unable to be sustained through traditional approaches and with the existing level of resource.	An ageing population is increasing demand for health and social care services at a time of financial constraint. Between 2014 and 2024, it is predicted the 85 years+ population in South Ayrshire will increase from around 3,257 to 4,382, an increase of 34.5%. The dependency ratio in South Ayrshire is currently 73 compared to the national rate of 57. The South Ayrshire ratio is expected to rise to 87 in 2041 which will be the highest level in Scotland.	There will be insufficient resource available to meet demand, people will require to wait for services and pressure will mount on the acute hospital sector as a result of insufficient capacity in community services. The IJB Integrated Budget will overspend as may service delivery budgets held by the Parties.	 **4 x 4 = 16**	1. The creation of the Health & Social Care Partnership provides opportunities for efficiency in the use of resources through integration and services and redesign. 2. Close working relationship with Acute Hospital Sector established and implemented. 3. Integrated Care Fund available to test and deliver new approaches in services. 4. Active contribution from 3rd and Independent Sectors. 5. Establishment of locality planning groups and participatory budgeting to develop community capacity. 6. Eligibility for social care threshold raised to critical 7. Models projecting demand for care home and care at home places in place.

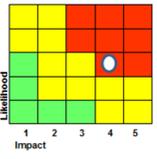| Proposed Mitigations (with dates)	Status	Progress Bar
1. Further refine financial model in terms of demand -v- provision. 3 year budget info to be produced. (revised 31.03.20)	▶	30% *Same*
2. Review of Home Care Service. Review report approved by IJB May 2016. Implementation on-going around development of reablement service, introduction of computerised work scheduling and call monitoring and external service recommissioning. (revise to 31.03.20)	▶	65% *Same*
3. Review of Day Services for Learning Disability. (revised 30.06.19)	▶	75% *Same*
4. Development of capacity in local communities though Neighbourhood Planning Initiatives and through Community Led Support Programme. Progress being made more difficult by current financial constraints. (Revise to 31.03.20)	▶	50% *Increased from 20%*
5. Development of Anticipatory Care Planning, preventative approaches and focus on individual outcomes. Development and roll out in progress. Further progress to be made. Now being developed through Multi-Disciplinary Teams linked to investments from the new GMS contract for General Practice. (revised 31.03.20)	▶	50% *Same*
6. Implementation of new ICT systems leading to improved efficiency in service provision. Carefirst Implementation in progress (31.03.20). Work on development of work scheduling and call monitoring for Care at Home has started. Pilot project complete. Main project first stage completion by (30.09.19).	▶	40% *Increased from 20%*
7. Partnership participation in Pan- Ayrshire review of needs and services including for older people. Have developed local proposal as part of this transformational agenda. (revised 31.03.20) Implementation in progress including Biggart remodelling.	▶	50% *Same*
8. Partnership forecasting model is being developed to assess ability of local market place to meet necessary demand. Good progress being made in original areas. (revised 31.03.20) Further areas for progress to be taken forward in 2019-20.	▶	70% *Increased from 50%*
9. Day Services for Older People to be reviewed in 2018-19 as part of service review programme to ensure that need is being met effectively and that service is delivering Best Value. (31.03.19)	▶	25% *Increased from 0%*

Risk 3.1	Theme – Inequality		Title – Reduce Inequalities			
We will reduce inequalities.						

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable - Tim Eltringham, Director of Health and Social Care Managed by - Bill Gray, Snr Manager - Planning & Performance	Some people's life chances are poorer than others and have a negative impact on their health and wellbeing.	Global forces, political priorities, societal factors, economy and work, physical, education and learning, social and cultural both in terms of the individual and the wider environment.	Life expectancy remains below average, the prevalence of disease is higher, care needs are greater and there is a greater incidence of substance misuse and excessive consumption. People have fewer opportunities than their peers.	 **4 x 3 = 12**	1. Focus for Health & Social Care Partnership through approved Strategic Plan. 2. Role of Alcohol and Drugs Partnership. 3. Established Health Education Programmes administered by NHS Public Health. 4. Universal Health Visiting arrangements for children and families. 5. Champions Board for Care Experienced Young People established.

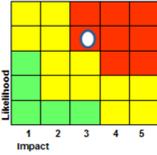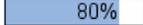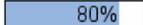| Proposed Mitigations (with dates)	Status	Progress Bar
1. Future local focus on issues within local communities through locality and neighbourhood planning. Locality planning groups (LPGs) submitted updated information on local priorities which was included in Strategic Plan published April, 2018. (**revised** 31.03.21)	▶	15% *Same*
2. Future focus on early intervention and prevention. Community Led Support (CLS) programme developed and being rolled out with 9 'front doors' supporting earlier intervention based on effective conversations. Anticipatory Care Planning being rolled out and South Ayrshire Life has been implemented by VASA. (**revised** 31.03.20).	▶	40% *Increased from 30%*
3. A Social Isolation Strategy and implementation plan has been drafted and has been consulted on. To be concluded and rolled out. (30.09.19)	▶	20% *Same*
4. Community Planning Health and Wellbeing Strategic Delivery Partnership will have tackling Inequalities and Health Inequalities as primary public health focus of its agenda going forward. (**revised** 31.03.20) Will work to develop CPP Local Place Plans with LPGs and sub-group considering actions to address aspects of Social Isolation.	▶	25% *Increased from 20%*
5. New 3rd and Independent Sector contracts being put in place for Adult Learning Disability Services and Adult Community Mental Health Services have improved choice and control and access to a range of supports to meet individual aspirations front and centre. Similar approach will be adopted in other service areas: e.g. Children and Families. (revise to 31.03.20)	▶	40% *Increased from 20%*
6. HSCP Housing Contributions Statement included in approved Strategic Plan. Work on-going to put in place core and cluster housing developments that will improve the quality of life of service users and which will create greater opportunities for inclusion in line with approved strategy outcomes. Similar work on-going with regards to Care Leavers. (revise to 31.03.21)	▶	20% *Increased from 10%*
NEW 7. HSCP is working with CEMVO (Council of Ethnic Minority Voluntary Scotland) to identify how to equip staff at all levels to minimise inequalities for individuals and ethnic minority communities in South Ayrshire. (31.03.21)	▶	15%

Risk 4.1	Theme – Health		Title – Unplanned Admissions			
We will shift the balance of care from acute hospitals to community settings						

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Director HSCP Responsible – Billy McClean, Head of Community Health and Care Services	The number of unplanned admissions to hospital increases or remains the same against a background of increasing demand.	Continuing ongoing presentations from multiple sources. There is a lack of community based alternatives to the ED. There is a culture of direct access to the ED and consequently hospital based services in Ayrshire. National funding decisions. Inadequate funding for social care. Demographic pressures around increasing elderly population.	People are admitted to hospital when they could be cared for or treated in other ways and high cost base is maintained or increases.	 **4 x 4 = 16**	1. Winter Plans developed across 3 Ayrshire Partnerships and NHS Ayrshire & Arran. 2. Health Board Improving Patient Experience Programme Board established. 3. Pan-Ayrshire Group comprising three Partnerships and Acute Sector established with this as an area of focus. 4. Liaison meetings between South Ayrshire Partnership Senior Management and Ayr Hospital on-going. 5. Partnership Strategic Plan in place which prioritises prevention and early intervention and approaches designed to support people at home and in their communities. 6. Transformation strategy based on 4 pillars of Reshaping Care for Older People in place. 7. Driving Change Group has developed Unscheduled Care Delivery Plan

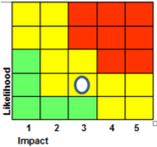| Proposed Mitigations (with dates)	Status	Progress Bar
1. Programme Board established and projects on-going to improve effectiveness of anticipatory care, intermediate care team, community rehabilitation and interface with Ayr and Biggart Hospitals, including Biggart redesign. (**revised** 31.03.20)	▶	50% *Same*
2. Development work on Telehealth / Telecare Progress being made locally. New national digital strategy now published. Local strategy to be refreshed. (**revised** 31.03.20)	▶	50% *Same*
3. Anticipatory Care Planning (ACP) has now moved to another phase rooted in the additional MDT resources associated with the new GMS contract for GPs. There is the need to develop a more sustainable model of ACP that targets appropriately (including palliative/EOL patients). The new role for GPs as Expert Generalist sets out a responsibility to develop ACP at GP Practice level: • Pilot work in one Ayr Practice is taking place to establish a workable way forward for this work. • The work will also link to national ACP work and the ReSPECT roll out (Recommended Summary Plan for Emergency Care and Treatment). (**revised** 31.03.21)	▶	50% *Same*

Risk 4.2	Theme – Health		Title – Delayed Discharge			
We will shift the balance of care from acute hospitals to community settings						

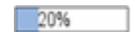| Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Director of Health and Social Care Responsible – Billy McClean, Head of Community Health and Care Services	The national two week target for delayed discharge is not met.	Services, policies and processes are not sufficiently integrated between the community, primary and secondary care sectors. There is a lack of community based alternatives to ED and hospital care where appropriate. There is a culture of direct access to ED and hospital based in patient services in Ayrshire. Inadequate funding for care at home services and for care home places leading to reductions in commissioning capacity.	People remain in hospital for longer than necessary, impacting negatively on their wellbeing. National policy guidelines are breached. Acute hospitals pushed to limits of capacity because of demand and lack of alternative provision. Due to the financial constraints and the lack of supported accommodation there are similar impacts on the Acute Mental Health Hospital, Woodland View and Arrol Park, The Learning Disability Assessment and Treatment Unit. Reputational damage. Provision of very expensive care which is becoming increasingly unaffordable. Without new or redirected funding position likely to deteriorate faster in future years as demand increases	Likelihood / Impact chart **4 x 4 = 16**	1. Pan-Ayrshire Group established comprising three Partnerships and Acute Sector with this as an area of focus. 2. Fortnightly liaison meetings between South Ayrshire Partnership and Senior Management at Ayr Hospital ongoing. 3. Partnership Strategic Plan in place which prioritises prevention and early intervention approaches designed to support people at home and in their communities. 4. Winter Plan as developed in place across 3 Ayrshire Partnerships and NHS Ayrshire & Arran. 5. Health Board Improving Patient Experience Programme established. 6. Social Work Capacity at Biggart Hospital has been increased. 7. Weekly delayed discharge census data circulated to Senior Managers detailing hospital location, reasons for delay etc. 8. Older Peoples Position Statement containing option proposals for service transformation submitted to IJB. Redesign work in progress. 9. Regular review of all the Care packages for both Mental Health and Learning Disability Service Users. 10. Development of alternative supported accommodation models for people with a Mental illness or Learning Disability

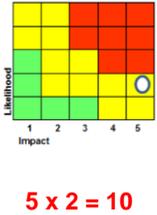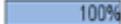| Proposed Mitigations (with dates)	Status	Progress Bar
1. Improvement Activity at Biggart Hospital– Improvement work is ongoing. Focus is on process for community rehabilitation and reablement to improve outcomes for people and reduce demand for care home places and for care packages. The difficult financial position is having a negative impact on discharges from Biggart Hospital. (**revised** 31.03.20)	▶	60% *Same*
2. Review of transformational programme in South Ayrshire. Work on-going through Driving Change Officers Group. This is based on 4 pillar approach of Reshaping Care for Older People. This will inform MSG Indicator Trajectories for 2019-20. (31.03.20)	▶	50% *Increased from 0%*
3. Care at Home Framework to be retendered with new contracts in place during 2019-20 to comply with procurement regulations. Aim will be market sustainability, improved flexibility, rationalisation leading to improved capacity and Best Value. Delayed because of current budget restrictions as insufficient budget to fund level of service required. (31.12.19)	▶	30% *Increased from 20%*
NEW 4. Redesign of in house re-ablement and care at home service to implement the discharge to assess model, improve the re-ablement rate and reduce demand for care packages. (June 2019)	▶	10%
NEW 5. Implement CM2000 scheduling for the in house CAH service and call monitoring for external service to improve efficiency and deliver more care within existing resources. (Dec 2019)	▶	10%

Risk 4.3   Theme - Health   Title - Availability of General Practitioners and fragility of some GP practices
We will manage resources effectively, making best use of our integrated capacity

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – Tim Eltringham, Director of Health and Social Care Responsible – Kes Khaliq, Clinical Director	The lack of GPs impacts adversely on provision of community based health care, balance of care from acute to community cannot take place because of lack of key community resource, multi-disciplinary community teams under severe pressure or do not function properly and some GP practices close down.	Lack of GPs nationally and difficulty of attracting GPs to work in the South Ayrshire area. Issue is most acute in rural areas outwith the central belt. 35% of GP workforce is aged over 50.	Other GPs or GP practices need to be willing to assume responsibility for additional workload due, for example, to closure of practices. Health Board has to directly run GP practices with locum cover, patient care is impacted, multi-disciplinary working breaks down and more people require to be seen at the acute hospitals. Some objectives of integration cannot be met. May lead to pressures in other professions: e.g. Pharmacy.	 **4 x 3 = 12**	1. Strong collaborative working between SA H&SCP and Primary Care to support practices. 2. Practical support offered in areas such as administration and finance. 3. Influencing the movement of patients. 4. Development of multi-disciplinary teams around some GP practices. 5. GP recruitment website. 6. Community Link Practitioners

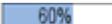| Proposed Mitigations (with dates)	Status	Progress Bar
1. Opportunity from full implementation of new GP Contract. (31.03.21)	▶	30% *Increased from 30%*
2. Development and actioning of Primary Care Improvement Plan. (01.07.18) Initial plan developed and approved by IJB. This sets out the vision for a sustainable model of General Practice in Ayrshire and how national investments will be deployed locally, for example: • Investments in Multi-Disciplinary Teams including Advanced Nurse Practitioners, Pharmacists, Physiotherapists, Mental Health Practitioners and Link Workers • New forms of dealing with 'emergency care' within Practices • New arrangements for vaccination and treatment room nursing • OD support • Broader support re GP recruitment and retention • Investing in premises and IT infrastructure. (31.03.21)	▶	50% *Increased from 10%*

Risk 5.1 Theme – Governance Risk - Integration of Health & Social Care We will manage resources effectively, making best use of our integrated capacity					
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – Tim Eltringham, Chief Officer Responsible – Tim Eltringham, Chief Officer	There is a risk that the strategic objectives of Health and Social Care Integration are not realised.	National and local funding decisions, resourcing issues, difficulties with key stakeholder groups, issues relating to culture change, information availability and sharing, and leadership, impacting adversely on Partnership development. Inadequate collaborative working across the health and social care system.	Could impact adversely on vision for Integration as detailed in the 2014 Act and on effectiveness in meeting Integration Delivery Principles.	**3 x 4 = 12**	1. Integration Joint Board appointed and meeting regularly. 2. Strategic Plan approved. 3. Strategic Planning Advisory Group in place. 4. Director is member of NHS and Council Management Teams. 5. DMT & SMT in place. 6. Clinical and Care Governance Committee and Group in place. 7. Director is member of Pan-Ayrshire Strategic Planning and Operational Management Group. 8. Performance and Audit Committee established. 9. Locality Planning in place. 10. Satisfactory external audit report received for 3 years to date 11. Engagement and training of joint workforce is ongoing. Training Plans in place. 12. Strategic Risk Register in place. 13. Officer multi-agency planning structures to support strategic planning and service development in place.

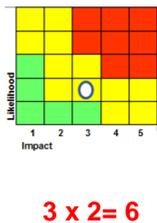| Proposed Mitigations (with dates)	Status	Progress Bar
1. Work to address governance and resourcing issues is in progress. Resource availability continues to be very difficult with further efficiency savings required in future years (**revised** 31.03.21)	▶	80% *Same*
2. Operational Risk Registers for Partnership in development delayed due to staff recruitment issues. (**revised 30.09.19)**	⚠	50% *Same*
3. Develop Performance Management Framework to facilitate reporting to IJB, Parties and other stakeholders. Framework in place for Adults and Older People and Children's Services and Criminal Justice. Further developments taken place. Weekly Performance monitoring around services for Older People has been developed and is being utilised by Senior Management. Enhanced performance reporting for APC and CPC also in progress. (**revised** 31.03.21)	▶	80% *Same*
4. Work to take place with organisational leaders, supervisory staff and overall staff group to consider what further steps can be taken to improve front-line service integration. Initial workshop held on 15.01.18. Further sessions will take place during year. (revised to 31.03.21)	▶	20% *Increased from 10%*
5. NEW Proposal for regular three-way meetings between the IJB and the Parties to the Integration Scheme under consideration as a way to improve collaborative working across statutory partners. If approved this will also see governance documents reviewed and updated. (31.03.21)	▶	10%

Risk 5.2 Theme - Governance Title – Locality Working					
We will reduce health inequalities					
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – Tim Eltringham, Director of Health and Social Care Responsible - Phil White, Partnership Facilitator	Locality planning units established as part of Integration are not effective and do not reflect local needs.	Professional and cultural issues. Organisational Development Plans not implemented. Lack of leadership. Poor communication. Lack of will. Groups of local people, organisations and professionals do not gel and are, therefore, ineffective in articulating local needs and priorities. Groups are dominated by particular individuals or professionals. Groups lose momentum. Lack of officer support. Strategic Plan does not adequately reflect local input.	Local needs assessment, commissioning and the monitoring of services is not established due to inadequate local engagement. Integration Principles are not met.	 *3 x 2 = 6*	1. Role of localities as defined in the 2014 Act and in Government Guidance. 2. IJB committed to reflecting local input in Strategic Plan. 3. Locality planning meetings are on-going with good levels of engagement in localities. 4. Locality Planning Groups have agreed their agendas going forward. 5. Three Community Engagement Officers appointed to facilitate and nurture work of Locality Planning Groups. 6. Part of local approach to Community Planning with practical support from South Ayrshire Council. 7. Updated locality planning group priorities reflected in 2018-21 Strategic Plan.
Proposed Mitigations (with dates)				**Status**	**Progress Bar**
1. New Organisational Development plan will consider needs of Locality Planning Group Members via a training needs analysis exercise that will be carried out. Lack of capacity has impacted on this proposal. Will be taken forward by Community Engagement Officers who are newly appointed in some cases. (**revised** 31.03.20)				⚠	0% *Same*
2. Relationship between Locality Planning Groups and Locality Hubs to be clearly defined. Joint work to be done with Hub Management Team in coming months. Links with Community Led Support Programme. (Lack of capacity has impacted on this proposal.) Will be taken forward by Community Engagement Officers. (**revised** 31.03.20).				⚠	0% *Same*
3. Locality Planning information and Strategic Planning content will continue to evolve and develop during 2018-21 (31.03.21). A follow up review to that carried out in 2016 will take place in 2019 and will be reported to SPAG.				▶	20%

Risk 6.1	Theme – Protection		Title - Adult Support and Protection			
We will protect vulnerable children and adults from harm.						
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**		**Current Mitigations**
Accountable – Tim Eltringham, Director of Health and Social Care

Responsible - Billy McClean, Head of Community Health and Care Services | There is a risk that the Health and Social Care Partnership and the Parties fail to provide adequate adult support and protection. | Effectiveness of policies, systems, procedures and practice. Budget reductions and need for efficiencies to meet national and local savings targets while facing demographic and other pressures, including shifting the balance of care from the Acute to the Community Sectors. Pressures on staffing, including staff recruitment and retention. Ineffective partnership working. Ineffective sharing of information. Lack of development of appropriate monitoring systems. Overall number of Adult Support & Protection referrals continues to rise. | Accident, incident or crime resulting in harm or abuse to an adult. Legal prosecution / civil litigation.

Significant damage to reputation of Health and Social Care Partnership, Council and other Community Planning Partners. Financial impact of any prosecution or claims made. | **5 x 2 = 10** | | 1. Structure of groups and governance - Adult Officers Group, Multi-Agency Public Protection Arrangements (MAPPA), Adult Protection (AP) Committee and Chief Officers Group (COG). All Groups meet regularly. An Independent Chair of the Adult Protection Committee is in place.
2. Revised ASP Practice Guidance and Local Operating Procedures developed July 2017 and in place.
3. Revised procedures/processes for Social Work duty response/action, care management reviews and case-recording developed October 2017.
4. Internal and multi-agency Adult Protection self-evaluation audits and file reviews carried out across a range of services. This activity will be further enhanced in 2019-20 and in future years.
5. On-going training for interagency AP: training in relation to AP has been developed on a Pan Ayrshire basis to allow staff to undertake their roles in terms of the Act. Inter-agency Adult Protection Training Calendar promoted across a wider range of Partners / service providers. Required "Council Officer" training revised; new pan-Ayrshire model in place and has been delivered.
6. Pan-Ayrshire guidance for conducting significant case reviews is used in relation to Adult Support and Protection and learning from this will be considered by the Partnership's Clinical and Care Governance Group.
7. Development of new Adult Protection Committee "Practice Review Group" to report on specific cases where there are opportunities for identifying and disseminating practice learning opportunities.
8. Development of Adult Protection Committee |

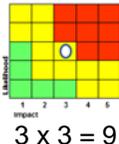|					
					Adult Protection Escalation Process. 9. "ACIRT" team in place to liaise with Police Scotland and to more effectively plan/implement initial response to Police Scotland "Adult at Risk"/"Vulnerable Adult" referrals. 10. The Ayrshire Wide Social Work Response Service is active in partnership with East and North Ayrshire Councils. 11. Revision of format/content for reporting of performance data and management information considered by IJB P&A Committee.

Proposed Mitigations (with dates)	**Status**	**Progress Bar**
1. Replacement of outdated SWIS computer system for Social Work with modern highly functional system that will facilitate and contribute to the efficient and effective administration of issues relating to Adult Social Care Services. (**revised** 31.03.20). Implemented in Justice Service. To be implemented in Children's Services by 30.04.19.	▶	30% *Increased from 15%*
2. The "ACIRT" was established on 16th January, 2017 and has responded to and managed all Police Scotland ASP referrals. A formal review is to take place to consider the extent to which this model could be a more effective and efficient means of managing all ASP referrals. (30.09.19)	▶	20% *Same*
NEW 3. Four new sub groups to support work of APC have been established for Policy, Practice and Improvement, Self-Evaluation, Learning and Development and Communication (31.03.20).	▶	20%
NEW 4. APC business plan for 2019-20 and targets to be developed and approved (30.06.19) Following which, performance and quality assurance report will be further developed. .	▶	10%

Risk 6.2 Theme – Protection Title – Child Protection We will protect vulnerable children and adults from harm					
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – Tim Eltringham, Director of Health and Social Care Responsible – Jim Lyon, Interim Head of Children's Health, Care and Justice Services.	There is a risk of children and young people not being adequately protected from harm due to abuse and neglect. .	Welfare Reform and income and outcome inequalities. Persistence of alcohol and substance misuse, neglect, domestic violence and mental health problems. Targeting of vulnerable groups. Increased public awareness. Complexity of information sharing across agencies. Geography of South Ayrshire. Budgetary pressures impacting on adequate staff resourcing and the effect this has on Health & Social Care Partnership and Parties in enabling sufficient staff time to be able to engage in direct work with families which can impact on the identification and response to concerns.	Negative impact on health and wellbeing of children and families. Reduced capacity to provide early and effective intervention. Risk of increase in adverse events. Accident, incident or crime resulting in harm or abuse to a child. Risk of litigation with potential financial impact and threat of significant damage to reputation.	 **5 x 2 = 10**	1. Child Protection (CP) Committee and Chief Officers Group (COG) provide oversight of work undertaken. 2. National guidance and risk assessment frameworks are available for staff and staff are trained in their use 3. A suite of management guidelines, protocols and policies have been developed which contribute to on-going work to keep children and young people in South Ayrshire safe. These include an initial Risk Management Strategy for Children and Young People with Problematic Sexual and Violent Behaviours. 4. Initial response team in place to provide immediate responses to all new child protection referrals. 5. Children's Services have in place a single case recording policy. 6. Internal and multi-agency audits and file reviews processes and arrangements have been developed. On-going training for CP is in place for staff and multi-agency training is also available. Training in Neglect Toolkit is in place and being rolled out across multi-agency partners. 7. SAH&SCP receives quarterly CP statistics for examination of trends and to identify resource needs. The Ayrshire Wide SW Response Service is active in partnership with East and North Ayrshire Councils.

Proposed Mitigations (with dates)	**Status**	**Progress Bar**
1. Continue to implement recommendations from CPC review and undertake development sessions building collaborative leadership and focus the strategic direction of the COG and the CPC to ensure robust governance and transparency and accountability (from Inspection Progress Review Report: 30.09.18)	✔️	100% *Complete*

2.	Develop workforce capacity through Workforce Plan. Management to develop reflective practice and support. Implement key recommendations from Independent Audit (**31.03.19).**	▶	60% *Increased from 50%*
3.	Programme of work for improvement in child protection practice in the Service, including joint quality assurance and self- evaluation (31.03.20)	▶	50% *Same*
4.	Investment in prevention and early intervention approaches to support parents with very young children and young people where there are high levels of vulnerability to risk, including income maximisation; parenting support; improving assessment of domestic abuse cases; identification of and responses to, neglect; work with CAPSM group and Infant, Children and Young People's Change Programme on ACEs; implement Corporate Parenting and Children's Services Plan. The Intensive Family Therapy Team will provide an intensive, focused and short term intervention to families in times of crisis and participate in a systemic approach to childcare practice. (31.03.20)	▶	50% *Increased from 30%*
5.	Implement revised Code of Practice on information sharing and revised statutory guidance for Parts 4 and 5 of the 2016Act pending progress of Children and Young People (Information Sharing) (Scotland) Bill (Revised 31.03.20)	⚙	0% *same*
6.	Replacement of SWIS electronic recording system for Social Work and improvement of AYRshare. Ensure adequate training and support for use of these systems. (revised 31.12.19)	▶	30% *Increased from 15%*
7.	*NEW* 4 new sub groups to support work of CPC have been established for Policy, Practice and Improvement, Self-Evaluation, Learning and Development and Communication. To develop programmes of work.(31.03.20)	▶	20%
8.	*NEW* CPC business plan for 2019-20 and targets to be developed and approved (30.06.19) Following which performance and quality assurance report will be updated	▶	10%

Risk 7.1 Theme - Engagement Title – Effective Communication We will give all of our stakeholders a voice					
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – Tim Eltringham, Director of Health and Social Care Responsible - Bill Gray, Senior Manager - Planning & Performance	The Partnership fails to properly engage with all stakeholders.	No Communication Plan. Vision, Mission and Values of Partnership not sufficiently well embedded. Communication with Partners and Partner Organisations ineffective. Inadequate communication within the Management Structure. Decisions made by IJB are not effectively communicated.	Stakeholders are not engaged in the transformation of service planning and delivery with negative implications for the Integration Project and for business efficiency.	 **3 x 2= 6**	1. Communications Plan in place. 2. Locality Planning Groups established. 3. Website news development page in place. 4. Communication Working Group in place led by Director. 5. Partnership interim public website in place via South Ayrshire Council site. 6. Facebook page in place for each Locality Planning Group. 7. Participation and Engagement Strategy in place. 8. Stakeholder Group for Mental Health Service users established. 9. Champions Board for Care Experienced Young People established. 10. South Ayrshire life established. 11. Consultation with stakeholders in place on strategy and policy developments.

Proposed Mitigations (with dates)				**Status**	**Progress Bar**
1. Quarterly information Bulletins to be issued to stakeholders (31.03.20)				▶	25%

Guidance – Recording Risks - How to?

Risk No. x	Theme – Resources / Protection / Governance		Title - xxxxx		Managed by Elected Members / Officers	
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Who is accountable and responsible for managing the risk	What could go wrong?	What may have caused this risk?	Possible outcomes or adverse effects?	3 x 3 = 9	What is already in place to manage the risk?	
	S	**A**	**M**	**P**	**L**	**E**

Proposed Mitigations (with dates)		Status	Progress Bar
1. What is planned to mitigate the risk further? (and when it is due to be completed) <enter date>			33% *Increased from…?*

A status icon (Figure 3) is displayed along with a calculation from Risk Owners on percentage completion of the mitigating actions.
This information is closely scrutinised by Chief Officers via CLT and Elected Members through the Audit and Governance and Leadership Panels and this assists in determining decisions on reducing or increasing risk ratings utilising the matrix at Figure 1.
New risk identification is considered against a broad range of risk types and these are represented at Figure 2.
Risk types are cross-cutting and not considered in isolation

Fig 1

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

Fig 2

Political
Economic   Social   Techno-logical
Legal/ Regulatory   Environ-mental   Competitive   Customer/ Citizen
Managerial/ Professional   Financial   Health & safety   Partnership/ Contractual   Physical
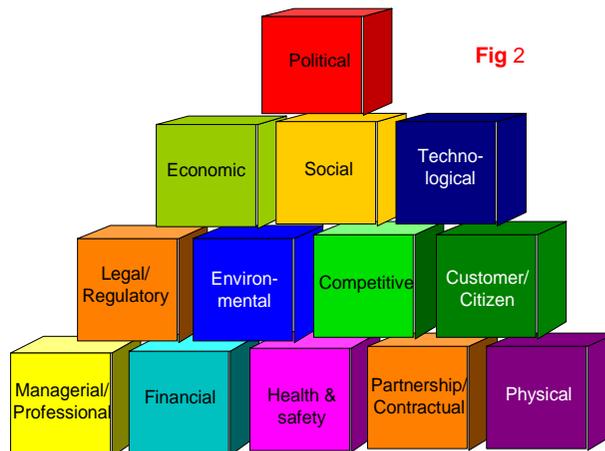
Fig 3	Status
✔	Completed
▶	On Target
⚠	Not on target – some concerns
⬟	Not on target – major concerns
⚙	Not yet started

Further explanation of Integration Joint Board Risk Management Methodology is available within the IJB Risk Management Strategy.