

To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 26 October 2022

Report by: Strategic Lead and Improvement Manager

Heading: Update on Risk Register

1. Summary

- 1.1. The paper provides an update on the continued implementation of the IJB's updated Risk Management Framework following the previous update to the Committee in March 2022. This report covers an extended period from March 2022 to September 2022 due to the cancellation of the Committee meeting scheduled in June due to the local elections.
- 1.2. This report also notes updates made to the IJB's risk and issues register, including any changes to risks/issues previously identified, and any new items added to the register during this period.

2. Recommendations

It is recommended that the Audit, Risk and Scrutiny Committee:

- Note the further work which has been undertaken to implement the revised Risk Management Framework across operational services within the HSCP, including the launch of a risk framework guide to all HSCP staff from July, and an online training module from August (section 4); and
- Approve the updates that have been made to currently identified risks and issues, following further assessment and engagement within the HSCP and with partners (section 5).

3. Background

3.1. The IJB's risk management framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation. This framework forms a key strand of the IJB's overall governance mechanisms. It sets out how risks and issues should be identified, managed and reported and it informs the development of this report and supporting appendix.

4. Implementing the update framework: further activity

- 4.1. Previous updates to the Committee have outlined the progress made in implementing the IJB's revised Risk Management Framework within the HSCP. Work has continued to embed the framework within HSCP processes. The key activities which have been undertaken include:
 - Continued work with the Risk Network and services to follow risk management processes, ensuring risk and issue reviews with service leadership teams occur, and also regards escalations and reporting.
 - Continued operational risk and issue reporting to SMT by exception with recovery and renewal risk reporting also continuing on a monthly basis.
 - A refresh of the risk framework guide and training module has been undertaken to include lessons learned and reflections since the risk network was launched in July 2021.
 - An 'Importance of Risk' session held with the Leadership Network in June 2022 and the publication of a Risk Framework guide, first to this community and subsequently to all HSCP staff.
 - The launch of a risk training module for all staff in August 2022.
 - Ongoing meetings of the cross HSCP and NHS GGC 'risk working group' held monthly where consistency of risks is discussed and best practice shared.

5. Updates to IJB Risk Register

- 5.1. The HSCP's ongoing assessment and review of risks has identified necessary changes to existing risks and issues. In this period there have been no additional risks and issues identified requiring incorporation within the IJB's Risk Register, which is provided as Appendix 1 to this report. All risks and issues have been updated to reflect the latest position regards completed and outstanding actions. This paper reflects the changes made to risks since the last meeting in March 2022.
- 5.2. In summary, the key updates to existing risks include:
 - The risk score for 'Changing financial and demographic pressures' has been increased this period due to the cost of living crisis and continued rising costs generally. Inflation at the time of writing is 10.1% with forecasts predicting further inflation rises through to January 2023. (RSK01)
 - The risk score for 'Financial challenges causing financial instability for the IJB' was increased in June to reflect the additional financial pressure as a result COVID funding changes, supply chain impacts, potential pay awards and also increases in National Insurance costs impact staffing and care package costs. (RSK02).
 - The description for the risk relating to an increase in physical and mental health inequalities has been updated to relfect the potential impact of the cost of living crisis on inequalities. The current scores for this risk will remain under review as the impact of the crisis, and the necessary response from partners, develops (RSK03).

- The risk 'Further waves of COVID' has remained in the report and log for ongoing monitoring to reflect the Committee's decision in March. However, the likelihood and impact of the risk was reduced in June and this will continue to be monitored. This position also recognises that IJB governance and operational management arrangements are well equipped with significant experience in managing the impact of COVID waves within the IJB, HSCP and partner organisations. The largest remaining aspect of this risk relates to staffing levels and workforce resilience which is incorporated within other risks and issues. All other aspects of the risk regards PPE, supplies, testing and guidance remain well understood and managed (RSK05).
- The risk 'Impact of 2022 local elections on Strategic Plan' has been proposed for closure following the meeting of the IJB in June, at which the IJB approved the Year 1 Strategic Delivery Plan which set out deliverables which will be achieved in line with the objectives set out in the Plan. Any such risk associated with the deliverability of the plan or the alignment with local and national plans is covered adequately within other risks (RSK08).
- The risk 'Failure or loss of major service provider' has been updated to reflect the current financial position and resource challenges for providers in Renfrewshire. In relation to the updated, reduced, provision of COVID sustainability payments, the Scottish Government has stated that a 'Cost improvement programme' will be implemented to help mitigate against expected impacts however this has not yet been published. (RSK10). This risk will also be exacerbated by the impacts of increasing payroll, energy and commodity costs, and inflation.
- The risk description for 'Failure to achieve targets and key performance indicators' has been updated to note the positive impact of ongoing actions and the robust alignment of the Strategic and Medium Term Financial Plans. This will be further supported through the consistent approach taken to developing the draft Workforce Plan for 2022-25 which was presented to the IJB for approval in June 2022. However, it is recognised that related risks covering financial and workforce challenges may impact on the ability of the HSCP to deliver agreed targets (RSK12).
- The risk rating for 'Cyber threats pose an increasing risk' was increased in June to reflect the increased national risk as a result of events in Ukraine and the advised increased likelihood of cyber attacks on national and local infrastructure. Since our last report one of the HSCP's contracted suppliers and NHS 24 have experienced a cyber attack. Under ongoing business continuity activity the HSCP continues to strengthen plans for a loss of system/data scenario across our critical services. (RSK13).

Implications of the Report

1. Financial – No direct implications from this report*

- 2. HR & Organisational Development Further guidance and training has been developed for staff to support them in understanding their contribution to risk management and has been rolled out from July 2022.
- 3. Community Planning No direct implications from this report*
- **4. Legal** Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 5. **Property/Assets** No direct implications from this report*
- 6. Information Technology No direct implications from this report*
- 7. Equality and Human Rights No direct implications from this report*
- 8. Health & Safety No direct implications from this report*
- 9. **Procurement** No direct implications from this report*
- **10. Risk** This paper and attachments provide an update to the IJB's Risk Management Framework.
- 11. **Privacy Impact** No direct implications from this report*

*Although there are no direct implications from this report, specific risks are likely to impact on these areas and will have specific mitigations identified.

List of Background Papers – N/A

Author: David Fogg, Strategic Lead & Improvement Manager

Any enquiries regarding this paper should be directed to David Fogg, Strategic Lead and Improvement Manager (<u>david.fogg@renfrewshire.gov.uk</u>)

Risk and Issue Register Executive Summary

This document reflects the status of the risks and issues in the IJB log as of August 2022. This report also features issues as part of the agreed risk framework approach. The summaries reflect the changes to risks since the last report and items which have been identified as new or those proposed to close since the last report. For proposed closures we have included summaries to detail the final position and the rationale for closure. If these are agreeable, they will be removed from the next report.

Introduction and Background

This document is prepared in advance of each IJB Audit, Risk and Scrutiny Committee meeting to support Renfrewshire Integration Joint Board (IJB), and members of the IJB's Audit, Risk and Scrutiny Committee, in the application of the IJB's Risk Management Policy and Strategy. It sets out those Strategic Risks and Issues currently identified which have the potential to prevent the IJB from achieving its desired outcomes and objectives, and the mitigating actions put in place to manage these risks. Further information on the IJB's approach can be found in Renfrewshire IJB's Risk Management Policy and Strategy.

Approach to assessing risks

All risks identified are assessed considering (i) the likelihood of the risk materialising; and (ii) the consequent impact of said risk should it materialise. To reflect the range of eventualities this assessment provides a score of between 1 and 5 for each of these criteria (where 1 is least likely and low impact, and 5 is very likely and very high impact). This enables each risk to have an overall score where the likelihood and impact ratings are multiplied together, and a RAG (Red, Amber, Green rating applied) as per the matrix below. Risk scores guide the IJB's response to risks identified.

Approach to assessing issues

The same applies regards impact, however for issues, the priority and the resolution is considered instead of likelihood. Issues are simply risks which have occurred and they have a rating of between 1 and 5 where 1 is low/no impact ranging to 5 extreme impacts.

| Likelihood | Risk Consequence Impact Rating | | | | | | | |
|------------|--------------------------------|----|----|----|----|--|--|--|
| | 1 | 2 | 3 | 4 | 5 | | | |
| 5 | 5 | 10 | 15 | 20 | 25 | | | |
| 4 | 4 | 8 | 12 | 16 | 20 | | | |
| 3 | 3 | 6 | 9 | 12 | 15 | | | |
| 2 | 2 | 4 | 6 | 8 | 10 | | | |
| 1 | 1 | 2 | 3 | 4 | 5 | | | |

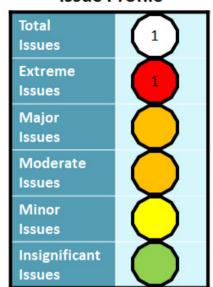
Risks

Issues

| Impact | Issue Rating |
|--------|---------------|
| 1 | Insignificant |
| 2 | Minor |
| 3 | Moderate |
| 4 | Major |
| 5 | Extreme |

| | | | NISK FT | Jine | | |
|---|----------------|-----------------|-------------------|--------------|-------------------|---------------------|
| | Total Risks | High I Risks | Moderate Risks | Low Risks | Very Low Risks | Proposed Closure |
| (| 15 | 8 | 4 | 3 | 0 | |
| | Likelihood | | Co | nsequence In | npact | |
| | Likelihood | 1 | 2 | 3 | 4 | 5 |
| | _ | 5 | 10 | 15 | 20 | 25 |
| | 5 | | | | 2 | 2 |
| | | 4 | 8 | 12 | 16 | 20 |
| | 4 | | | | | 4 |
| | | 3 | 6 | 9 | 12 | 15 |
| | 3 | | | 2 | 2 | |
| | | 2 | 4 | 6 | 8 | 10 |
| | 2 | | | | | |
| | | 1 | 2 | 3 | 4 | 5 |
| | 1 | | | | | |

Risk Profile



Issue Profile

| Risk or Issue Ref | Risk or Issue Type | Summary Description | Current Risk / Issue Score and ROYG Rating | Risk or Issue Movement |
|----------------------|-----------------------|---|--|---------------------------|
| RSK01 | Strategic | Changing financial and demographic pressures | 20 High | Increase |
| RSK02 | Financial | Financial Challenges causing financial instability for the IJB | 20 High | Increase |
| RSK03 | Operational | Increase in physical and mental health inequalities | 16 Moderate | No Change |
| RSK05 | Operational | Further waves of COVID | 09 Low | Monitor |
| RSK06 | Operational | National Care Service | 25 High | No Change |
| RSK07 | Operational | Workforce planning and service provision | 25 High | No Change |
| RSK08 | Strategic | Impact of 2022 local elections on Strategic Plan | 08 Low | Propose Closure |
| RSK09 | Strategic | National risk of litigation and reputational damage following future public inquiry into COVID response | 15 Moderate | No Change |
| RSK10 | Operational | Failure or loss of major service provider | 20 High | Increase |
| RSK11 | Clinical | Delivery of the GP Contract / Primary Care Improvement Plan | 20 High | No Change |
| RSK12 | Strategic | Failure to achieve targets and key performance indicators | 09 Low | No change |
| RSK13 | Strategic | Cyber threats pose an increasing risk | 20 High | Increase |
| RSK14 | Strategic | Capital funding and complexities of property planning in an integrated setting | 20 High | No Change |
| RSK15 | Operational | COVID Impact on compliance with Mandatory Training | 12 Moderate | No Change |
| RSK16 | Strategic | Delivery of Addictions Support in Renfrewshire | 12 Moderate | No Change |
| ISS01 | Operational | Issues regards attracting & retaining staff | 05 Extreme | No Change |

Renfrewshire IJB Risk and Issue Register Audit, Risk and Scrutiny Committee 9 September 2022

| Risk Statement | Risk Statement Risk Owner Risk Description | | | Reason for Movement if applicable | | |
|---|--|--|-----------------------------------|-----------------------------------|----------------------------------|--|
| | | There is a risk that if financial and demographic pressures of services are not effectively planned for and managed over the medium to longer term, there would be an impact on the ability of the HSCP to deliver services to | Increase | | pressures and cost o g crisis | |
| | | the most vulnerable people in Renfrewshire. | Risk Code | Category | Risk Management Approach | |
| The changing financial and demographic pressures facing services poses a risk to the HSCP being able to successfully deliver services to the most vulnerable people in Renfrewshire. | | This needs to be considered with regards to:Medium- and longer-term financial planning | RSK01 | Strategic | Treat | |
| | HSCP SMT | Corporate and service review activities Strategic commissioning approach and the strategic planning process Service design ensuring the development of cost-effective care models | Current Likelihood | Current Impact | Current Evaluation | |
| | | and models which encourage prevention and self-management Increasing costs such as utilities, salaries, National Insurance, and supplies are also having an impact on budgets across the HSCP and | 04 | 05 | 20 High | |
| | | supplies are also having an impact on budgets across the HSCP and our partners. Partners are now seeking to manage additional costs faced which may lead to an increase in our costs and further budget constraints. | Previous Likelihood | Previous Impact | Previous Evaluation | |
| | | • Inflation is currently at 10.1%, and the overall financial outlook beyond this year remains uncertain and challenging. | 03 | 05 | 15 Moderate | |
| | Mitigating / Prev | Assigned to | Date | Status | | |
| A number of actions are in place to he Financial Planning and Strategic P Long term financial planning proces Budget monitoring processes are in Implementation of the IJB's Strategi | lanning ses place and regularly | | HSCP Senior Management Team | Review Sept 2022 | Subject to ongoing review | |
| Corporate & service review activiti | es | | | | | |
| Investment in service re-design opp Eligibility criteria reviewed | | | | | | |
| - Ongoing focus on recovery from the | | ic and assessment of transformational opportunities | | | | |
| | Mitigating | / Preventing Actions Planned | Assigned to | Date | Status | |
| Ongoing deployment of the above | | | N/A | N/A | N/A | |

| | | nges causing financial instability for the IJB | | | |
|---|--|--|------------------------|---|---|
| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Mov | ement if applicable |
| | | There are a number of aspects contributing to this risk as follows: Service Areas individually, or in combination, experience expenditure levels which exceed funding allocations negatively impacting on the overall financial position of the | Increase | Insurance increase funding from 31 st | outing factors; National e, cessation of COVID March and ongoing n cost impacts. |
| | | partnership due to: a) Pay growth (inflation, annual pay award proposals and increases to National | Risk Code | Category | Risk Management Approach |
| There are a number of financial | | Insurance) b) Prescribing | RSK02 | Financial | Treat |
| hallenges facing he IJB and if not | | c) Sickness & Absence cover d) Community equipment expenditure e) Impact arising from Resource Allocation Model | Current Likelihood | Current Impact | Current Evaluatio |
| adequately | | e) Impact arising from Resource Allocation Model f) Financial impact of any clinical failures | 04 | 05 | 20 High |
| addressed, these could affect the inancial | HSCP SMT | g) Compliance with new statutory requirements h) Increased service demand | Previous Likelihood | Previous Impact | Previous Evaluation |
| sustainability of the partnership with consequent impact o service delivery. | act (y) Addition (y) Signific (of serv (m) Addition 2. The require (could have (savings has (consideration) | k) Challenging financial outlook for IJB l) Significant levels of non-recurring funding does not support longer term sustainability of services m) Additional uplifts requested arising from external providers | | | |
| | | Mitigating / Preventing Actions Complete or Ongoing | Assigned to | Date | Status |
| Supporting frameworks & strategies: - Financial management framework implemented. - Focus on Recovery and Renewal activity. - Strategic Plan 2022-2025 approved by IJB March 2022 and Strategic Delivery Plan in June 2022 - Medium Term Financial Plan for 2022-2025 approved by IJB March 2022 Reporting/monitoring at strategic fora: - Financial information is reported regularly to the Integration Joint Board and the Senior Management Team. - Financial performance meetings in place with HSCP Chief Officer, Chief Finance Officer, NHS Director of Finance and Council Director of Finance and Resources. - Regular meetings of Medicines Management Group with a focus on prescribing year end out-turn. - Ongoing discussion at GP forum on importance of prescribing financial break even. - Ongoing reporting to Scottish Government on COVID-19 expenditure and discussions on cost recovery. - Robust financial monitoring and budget setting procedures including regular budget monitoring with budget holders. - Prudent use of our reserves policy | | | | Historic | Ongoing |
| Prudent use of our re | eserves policy | | | | |

| Savings for FY21/22 agreed at IJB March 21 fully delivered by year end (circa £1.135M) Tier One savings identified and agreed by IJB for delivery FY22/23 (circa £360k) Further savings & transformation options in development, to be brought forward to the IJB in 2022/23 | | | |
|--|-------------|---------|---------|
| Mitigating / Preventing Actions Planned | Assigned to | Date | Status |
| - Implementation and ongoing monitoring of identified savings and transformation options, as approved by IJB. | N/A | Sept 22 | Ongoing |

| | Risk Statement Risk Owner Risk Description | | | | |
|--|--|---|---|-----------------|-----------------------------|
| | No Change | 1 | N/A | | |
| | | inequalities are highly likely to increase. This may result from long-term conditions, an ageing population, long term impacts of COVID on mental health and Long | Risk Code | Category | Risk Management Approach |
| There are a risk that physical and mental health inequalities increase, meaning that service users and patients present with higher levels of need, lower levels of resilience and fewer opportunities | Lipped of Otwate siz | COVID itself, increasing poverty due to the cost-of-living crisis, increased deprivation or individual risk-taking | RSK03 | Operational | Treat |
| | Head of Strategic Planning & Health Improvement | behaviours resulting in a population with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities. | Current Likelihood | Current Impact | Current Evaluation |
| participate fully in their communities. | mprovenent | to participate fully in their communities. | 04 | 04 | 16 Moderate |
| | | This must be actively considered with regards to the creation of any Health Improvement plans and | Previous Likelihood | Previous Impact | Previous Evaluation |
| | | Partnership working agreements. | 04 | 04 | 16 Moderate |
| Mitigating / | Preventing Actions Co | omplete or Ongoing | Assigned to | Date | Status |
| maintain a focus on this aspect are in place role appointed in Jan 22 to focus solely or In addition, following a review of our strate Renewal activity; delivery of a community awareness. The HSCP tracks performance within the continues to monitor population data and 'Funding was secured for 2021/22 to delive and wellbeing. Inclusion of health, wellbeing, and inequal | ce, including the commu n equalities. egic plan priorities a nur -led approach to health Health inequalities outc trends. er projects which are ai lities within developmer Health & Wellbeing fun | d - £500k allocated to Engage Renfrewshire to allocate to | Strategic Planning & Health Improvement | Historic | Complete |
| Scottish Govt £15m Communities Mental local projects. £15m announced by SG fo Strategic Plan 2022-25 approved by the I Additional monies secured as part of winto Supporting strategic development plans to | JB in March. er funding directed to ea | qualities projects; befriending. | | | |

| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Mov | ement if applicable |
|--|--|--|-------------------------------------|--|--|
| There is a risk that further waves of COVID could have significant impacts on HSCP operational arrangements, particularly staffing, service provision, and | Chief Officer | The risk is that further disruption to the delivery of strategic and transformation plans, in addition to operational day to day commitments because of: The HSCP needing to implement support measures to prevent the spread of COVID-19 The impact of COVID-19 on services users and demand on services: (a) Provision of additional COVID services (b) Provider sustainability payments (c) Uncertainty over length of pandemic and additional funding available | No Change - Monitor Bisk Code | as appropriate an scored risk as mitig linked risks are ma im Rationale is that I operational respon well tested and emb of the risk regarding outbreaks, and fa strategic and op | B to reduce likelihood d monitor as a lower gating actions for other anaging the expected pact. UB Governance and use arrangements are bedded. Other aspects staffing impact, further ailure to deliver upon perational plans are er risks and issues. Risk Management |
| overarching IJB governance. | | (d) Increased levels of care required due to long covid and increased mental health issues | mak code | | Approach |
| | | (e) The impact on staff; sickness, mental health, and utilisation to support | RSK05 | Operational | Treat |
| | | services | Current | Current Impact | Current Evaluation |
| | | Impact of increasing levels of demand and client expectations The article life of the life and state balance and the article state of the NUIO | Likelihood 03 | 03 | 09 Low |
| | | The suitability, affordability, and stakeholder support to achieve the NHS remobilisation plan, Renfrewshire Council's recovery plans and ultimately the HSCP's overall plan. | Previous Likelihood | Previous Impact | Previous Evaluation |
| | | | 03 | 04 | 12 Moderate |
| | Mitigating / Pi | eventing Actions Complete or Ongoing | Assigned to | Date | Status |
| The risk management framework needed regards risk tolerance | onducted remotely u ork and policy has b required within a p | r cycle. using a video and/or audio service that will enable all members to participate. been updated to reflect on learnings from COVID and provide the flexibility andemic. This is in the process of being rolled out. including vaccinations in 2020/2021 and current planning for vaccinations for | N/A | Historic | Ongoing |
| | Mitigat | ing / Preventing Actions Planned | Assigned to | Date | Status |
| | nal meetings of the | ervices, with escalation measures implemented as necessary IJB can take place and / or delegations to the Chief Officer can be revisited if | Chief Officer | September 2022 | Ongoing |

| Mitigating / Preventing There are likely to be recommendations which are phased prioritisation of resource. The HSCP has a Change and Improvement team that can | Officer | The published analysis of NCS consultation responses showed support for the wide-ranging proposals made and the implementation of these is therefore likely to place significant demands on HSCP resources to deliver, alongside the delivery of ongoing operational and strategic plans. The Scottish Government have now published a high-level Bill to enable creation of the NCS. This lacks detail but is expected to have significant impact on IJB role and governance through creation of Local Care Boards. Further impacts on staffing, finance, property and technology will also occur. A series of NCS bill Q&A sessions have been held and these have highlighted a commitment that the NCS will be shaped via Co-Design, but also that there are a significant number of questions which cannot be answered at the current stage of the process. The level of risk theorefore romains high | No Change Risk Code RSK06 Current Likelihood 05 Previous Likelihood | Category Coperational Current Impact 05 Previous Impact | V/A Risk Management Approach Treat Current Evaluation 25 High Previous Evaluation |
|--|---|---|--|---|--|
| Service results in potentially significant structural, organisational and governance change which could be challenging to resource alongside operational commitments. | Officer | and the implementation of these is therefore likely to place significant demands on HSCP resources to deliver, alongside the delivery of ongoing operational and strategic plans. The Scottish Government have now published a high-level Bill to enable creation of the NCS. This lacks detail but is expected to have significant impact on IJB role and governance through creation of Local Care Boards. Further impacts on staffing, finance, property and technology will also occur. A series of NCS bill Q&A sessions have been held and these have highlighted a commitment that the NCS will be shaped via Co-Design, but also that there are a significant number of questions which cannot be answered at the current stage of the process. The level | RSK06 Current Likelihood 05 Previous Likelihood | Operational Current Impact 05 | Approach Treat Current Evaluation 25 High Previous |
| Service results in potentially significant structural, organisational and governance change which could be challenging to resource alongside operational commitments. | Officer | published a high-level Bill to enable creation of the NCS. This lacks detail but is expected to have significant impact on IJB role and governance through creation of Local Care Boards. Further impacts on staffing, finance, property and technology will also occur. A series of NCS bill Q&A sessions have been held and these have highlighted a commitment that the NCS will be shaped via Co-Design, but also that there are a significant number of questions which cannot be answered at the current stage of the process. The level | Current Likelihood 05 Previous Likelihood | Current Impact 05 | Current Evaluation 25 High Previous |
| Service results in potentially significant structural, brganisational and governance change which could be challenging to resource alongside operational commitments. Mitigating / Preventing There are likely to be recommendations which are phased prioritisation of resource. The HSCP has a Change and Improvement team that can | Officer | impact on IJB role and governance through creation of Local Care Boards. Further impacts on staffing, finance, property and technology will also occur. A series of NCS bill Q&A sessions have been held and these have highlighted a commitment that the NCS will be shaped via Co-Design, but also that there are a significant number of questions which cannot be answered at the current stage of the process. The level | Likelihood 05 Previous Likelihood | 05 | 25 High Previous |
| Mitigating / Preventing There are likely to be recommendations which are phased i prioritisation of resource. The HSCP has a Change and Improvement team that can | Cinicol | A series of NCS bill Q&A sessions have been held and these have highlighted a commitment that the NCS will be shaped via Co-Design, but also that there are a significant number of questions which cannot be answered at the current stage of the process. The level | Previous Likelihood | | Previous |
| There are likely to be recommendations which are phased prioritisation of resource. The HSCP has a Change and Improvement team that can | | these have highlighted a commitment that the NCS will be shaped via Co-Design, but also that there are a significant number of questions which cannot be answered at the current stage of the process. The level | Likelihood | Previous Impact | |
| There are likely to be recommendations which are phased prioritisation of resource. The HSCP has a Change and Improvement team that can | | | 05 | | |
| There are likely to be recommendations which are phased prioritisation of resource. The HSCP has a Change and Improvement team that can | | answered at the current stage of the process. The level of risk therefore remains high. | 05 | 05 | 25 High |
| prioritisation of resource.The HSCP has a Change and Improvement team that can | Actions C | Complete or Ongoing | Assigned to | Date | Status |
| Continued review of the progress of recommendations progress implications. Implementation of Strategic Plan to consider the need for fl IJB response submitted to Scottish Government consultation | be directed pressing the exibility in (| d to key areas of activity requiring delivery. rough parliament to assess potential resource and plan delivery. | Chief Officer | Historic | Ongoing |
| Mitigating / Prev | | | Assigned to | Date | Status |
| Scottish Government consultation results have been shared understand the impacts. Draft Bill published by the Scottish Government and engage | Scottish Government consultation results have been shared and these have been reviewed and discussed across the HSCP to understand the impacts. | | | | |

| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Mov | ement if applicable |
|---|--|--|------------------------|-----------------|----------------------------|
| | | A flexible, skilled, and suitably certified workforce is essential to service provision and delivery of the IJB's strategic plan. Workforce risks can result in increased financial | No Change | | NA |
| There is a risk that a range of factors may impact on | | Prolonged vacancies within services. Specific pressures exist around medical | Risk Code | Category | Risk Managemen Approach |
| ne ability to fully nplement workforce plans | | staffing (specific roles are in national shortage), District Nursing and Care at Home services | RSK07 | Operational | Treat |
| nd could lead to longer erm workforce difficulties, hortages in some skill ets, therefore potential | | Sufficient numbers of qualified staff with the correct registrations Pressures resulting from additional planning structures which require managerial and clinical input. | Current Likelihood | Current Impact | Current Evaluatio |
| mpact on service delivery and the IJB's ability to | HSCP SMT | GP practice handing back their contract and the HSCP having to run the practice High levels of fatigue and unused annual leave from COVID resulting in increased absence | 05 | 05 | 25 High |
| leliver upon the strategic lan. Please also see Issue | | Additional risks to meeting service demand posed by sickness/absence levels and an ageing workforce leading to increased levels of future retirements. Vacancies or absence within providers, and or providers making decisions to hand | Previous Likelihood | Previous Impact | Previous Evaluation |
| SS01: Issues attracting and retaining staff | | back care agreements or not accept new packages/residents. Timely access to the correct tools and accommodation for staff; laptops, mobiles, systems access, uniform, and sufficient space for the services to undertake their roles. Utilisation of non-recurring funding for roles does not make the roles attractive due to their temporary nature. | 05 | 05 | 25 High |
| | Mitig | ating / Preventing Actions Complete or Ongoing | Assigned to | Date | Status |
| practice and daily/week staffing dashboard to m HR & Recruitment – vac absence management p revalidation and adhere two job fairs to attract si Business Continuity – w Staffing review undertal Winter funding – specifi Independent Contractor delivery of the Primary (Focused Development | ly reviews of ser onitor staffing le cancy risk asses processes, regul nce to applicatio taff and service r <i>i</i> nter planning al ken to understan c group establist s – collaborative Care Improveme session held with | sment undertaken, reduced timescales from request to advert, robust application of ar review / refresh of statutory and mandatory training and professional registration / n checklists (e.g., disclosure); process for monitoring clinical references. Completion of neetings established to manage recruitment and retention issues collaboratively. ignment with ongoing business continuity and risk management to identify issues early. d staff willingness to volunteer and deploy in other services should the need arise. need to track the progress regards spend / recruitment of additional and new roles. | N/A | Historic | Ongoing |
| | | Mitigating / Preventing Actions Planned | Assigned to | Date | Status |
| | | | | | |

| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Movement if applicable | |
|---|---|--|--|-----------------------------------|--|
| | | | Proposed Closure | | Plan approved by IJB, mbers, in June 2022 |
| | | | Risk Code | Category | Risk Management Approach |
| There is uncertainty arising from the 2022 local | | There is uncertainty relating to the 2022 local elections as these may result in new members of the IJB, who | RSK08 | Strategic | Treat |
| lections which may result in new members of the IB who have a different perspective on the irection set out in the Strategic Plan which is cheduled for approval by the IJB in March 22. | Chief Officer | may have a different perspective on the priorities and direction set out in the Strategic Plan which is scheduled to be approved by the IJB in March 2022. | Current Likelihood | Current Impact | Current Evaluatior |
| | | | 02 | 04 | 08 Low |
| | | | Previous Likelihood | Previous Impact | Previous Evaluation |
| | | | 02 | 04 | 08 Low |
| Mitigating / | Assigned to | Date | Status | | |
| associated consultation requirements. | bach in June 2021 with to further develop the ap ut August 21, with high- vith the agreed plan at th | evel plan approved by IJB in November 2021 | Head of Strategic Planning and Health Improvement | N/A | N/A |
| | ating / Preventing Acti | ons Planned | Assigned to | Date | Status |
| Care Planning Groups continue to meet in 2022, with consolidated annual development plans being created and monitored collaboratively. | | | | Sept 2022 | Ongoing |

| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Move | ement if applicable |
|--|---|---|-----------------------------------|-----------------|--------------------------------|
| | | There is a risk of litigation and reputational damage applicable across | No Change | 0 | usion of the Scottish quiry |
| There is a national risk of itigation and reputational | | health and social care nationally and facing all integrated health and social care service providers, as a result of the UK-wide public inquiry | Risk Code | Category | Risk Managemen Approach |
| damage across integrated health and social care services ollowing the UK-wide public | | into the handling of the COVID pandemic. The Scottish Government has also committed to completing an inquiry in Scotland and the terms | RSK09 | Strategic | Treat |
| enquiry into the handling of the COVID pandemic, commencing | HSCP SMT | of reference for this was updated on 9 June. There continues to be significant media interest nationally. | Current Likelihood | Current Impact | Current Evaluatio |
| n 2022. We are not aware of any increased comparative risk | | There is no evidence that this risk is any higher for Renfrewshire than for any other integrated health and social care service. | 03 | 05 | 15 Moderate |
| n Renfrewshire. | | | Previous Likelihood | Previous Impact | Previous Evaluation |
| | | | 03 | 05 | 15 Moderate |
| | Mitigating / Prevent | ng Actions Complete or Ongoing | Assigned to | Date | Status |
| input into NHS GGC and Ren Vaccination programme rolled residents have been offered th service users. Commissioning Teams & Con are prepared for the care of p. Significant support also being Testing of all residents and st Testing of all staff implemented Daily huddles and multi-agend Clinical support and leadershi Local proactive support arrang and other measures such as in PPE arrangements establishe Dashboards and reports deve | frewshire Council govern d out across Renfrewshir he vaccine and a third va nmunity Services are su atients with possible or or provided by Public Heal aff in care homes implen ed as per National Guida cy assurance and suppo ip through general practi- gements for infection cor reduced or no visiting po ed and monitored locally eloped to allow identificat | e; in alignment with National Vaccination guidance; all staff and care home accination/booster. Programme also performing well for residents and oporting care homes to ensure that they remain open for admission and onfirmed COVID-19. th, Infection Control and Procurement. hented and regularly re visited. hoce t for Care Homes in place. be and district nursing. htrol, training, practice, supervision and for implementing social distancing | HSCP Senior Management Team | Review Oct 2022 | Ongoing |
| | Mitigating / P | reventing Actions Planned | Assigned to | Date | Status |
| | | | | | |

| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Moven | ent if applicable | |
|--|---|---|---|------------------|---|--|
| | | The context of this risk is with regards to the failure or reduced quality of provision by independent providers of care homes, care services, mental health provision or GP practices. There is financial instability within the sector | n by independent providers of care homes, care services, mental provision or GP practices. There is financial instability within the sector | | ontinued demand and financial pressures in this area | |
| | | due to COVID-19, the cost-of-living crisis and additional impacts from Brexit. | Risk Code | Category | Risk Management | |
| here is a risk that we may experience ailure, loss, or reduced quality (either ermanent or temporary loss) of a major | | In October 21, independent contractors were to this risk as we are starting to see pressure build within this area. For example, some providers have confirmed they are unable to take new commitments, cancelled all current outreach and or reduced other commitments. | RSK10 | Operational | Treat | |
| ervice provider, which may impact on our capacity to deliver services, protect | HSCP SMT | | Current Likelihood | Current Impact | Current Evaluation | |
| ulnerable children and adults, and may npact on additional costs to cover key | | In February 22, a practice was managed as a 2c practice prior to its closure, | 04 | 05 | 20 High | |
| services. | | after which patients were migrated to other local practices. | Previous Likelihood | Previous Impact | Previous Evaluation | |
| | | The likelihood of the IJB being asked to cover additional costs from providers, as they attempt to cover rising supply chain and operational costs, is increasing. | 04 | 04 | 16 Moderate | |
| | Mitigating / Preven | ting Actions Complete or Ongoing | Assigned to | Date | Status | |
| upport arrangements Provider Sustainability programme wil financial support for testing and vaccin Main providers registered and monitor contingency arrangements relating to also included in discussions. Providers have also been directed to t | nt contractors conducte ance Team and senior roviders. onitoring and reviews fo Il continue until the end nations extended until e red by Care Inspectoral providers facing financ the National and Scottis | managers. r service providers and the two hospices of June 22, with the Social Care Staff fund extended to September 2022 and and March 2023. e, with reports accessible for review. Participation in local and national al uncertainty to ensure minimal impact on local service users. Care Inspectorate sh Government guidance which outlines these various actions including ensuring | NA | Review Sept 2022 | Ongoing | |
| response to COVID-19. These arrange daily huddles and assurance visits. Emergency legislation enacted to ena The options for managing disruption to situation arise. As at Feb 22 we had a situation arise. | for care homes have by gements have significar ble Health Boards and o GP practices have be | local authorities to step in to manage failing care homes during the COVID-19. en documented and clear processes discussed and established should any practice by the HSCP, this subsequently closed in March 2022 with patients | | | | |
| Enhanced governance arrangements response to COVID-19. These arrange daily huddles and assurance visits. Emergency legislation enacted to ena The options for managing disruption to | for care homes have be gements have significar ble Health Boards and o GP practices have be one practice run as a 20 | een implemented across Health Boards at the direction of the Cabinet Secretary in tty increased monitoring of commissioned services and include multi-disciplinary local authorities to step in to manage failing care homes during the COVID-19. en documented and clear processes discussed and established should any | Assigned to | Date | Status | |

| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Move | ement if applicable |
|--|---|--|-----------------------|------------------------|----------------------------|
| | | Current proposed funding will not cover the full cost implementation of the contract. | No Change | 1 | N/A |
| | | Staffing is under pressure due to the pandemic, high turnover, and recruitment issues (availability of specific | Risk Code | Category | Risk Managemen Approach |
| | | staff). | RSK11 | Clinical | Treat |
| There is a risk that the HSCP will not be able to deliver services as outlined within the GP Contract / PCIP by the required timelines, due to be seed of work required upperformed upperformed to the second sec | Clinical Director and | Initial scope included 6 MOU areas. There is now greater priority on 3 of these: pharmacotherapy, VTP and CTAC which need to be delivered by 2022/23. The remaining 3 require to be delivered by 2023/24. | Current Likelihood | Current Impact | Current Evaluatio |
| he scale of work required, workforce availability and allocated funding. | Chief Officer | Current proposed funding will not cover the full cost implementation of the contract.No ChangeStaffing is under pressure due to the pandemic, high turnover, and recruitment issues (availability of specific staff).Risk CodetorInitial scope included 6 MOU areas. There is now greater priority on 3 of these: pharmacotherapy, VTP and CTAC which need to be delivered by 2023/23. The remaining 3 require to be delivered by 2023/24.Current LikelihoodIn order to be able to deliver the GP Contract additional property accommodation is required for treatment rooms / pharmacy hubs and also to support the growth in the sizes of the teams created for the purpose of multi- disciplinary service delivery.05The financial implications of non-delivery of practices to treatment rooms, pharmacotherapy and VTP by March 23 remain unknown.Assigned totions Complete or OngoingAssigned tocess reporting challenges in recruitment and capacity ess and to inform National direction. Deep dives are planned with MOU areas.Clinical Directorapp Contract / PCIP has been escalated to the NHS GGC Primary nt bid as part of 'Winter Funding' which will help to fund the Primary rooms. Lin GP practices have now transferred from GPs to the HSCP, thisClinical Director | 04 | 20 High | |
| | / pharmacy hubs and also to support the growth in the sizes of the teams created for the purpose of multi-disciplinary service delivery. The financial implications of non-delivery of practices to treatment rooms, pharmacotherapy and VTP by March 23 remain unknown. | | Previous Impact | Previous Evaluation | |
| | | 05 | 04 | 20 High | |
| Mitigating / | Preventing Actions C | omplete or Ongoing | Assigned to | Date | Status |
| Regular reporting to the Scottish Governmenthe government to look at the needs within some property audit has identified suitable space to has supported feasibility studies regards delivered and also SMT. Additional funding of £550K secured in a Scot Care Improvements. This is recurring funding We have now delivered 14 practices out of 20 Responsibility for vaccinations that were previous a key requirement for delivery under the secure to the | t regards progress and one of the key MOU are baccommodate teams very of service. delivery of the GP Cont titish Government bid are g. B into treatment rooms. viously delivered in GP contract by March 2022 | to inform National direction. Deep dives are planned with eas. and services; treatment rooms and pharmacotherapy which ract / PCIP has been escalated to the NHS GGC Primary s part of 'Winter Funding' which will help to fund the Primary practices have now transferred from GPs to the HSCP, this 2. | | Review end Oct2022 | Ongoing |
| Mitig | ating / Preventing Act | ions Planned | Assigned to | Date | Status |
| Continuation with the above Projects underway to complete feasibility studi Work is underway to rollout pharmacy hub mo | | | N/A | N/A | N/A |

| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Me applica | |
|---|--|--|------------------------|---|---|
| There is a risk that failure to deliver upon the required Strategic Plan targets and standards, and other key | | This risk is fourfold: The IJB and HSCP's ability to define appropriate local strategic plan The IJB and HSCP's ability to deliver upon said strategic plan The IJB and HSCP's ability to evidence that we have achieved the outcomes required within the strategic plan. | No change | Strong alignment strategic, medium te workforce plans. I changes pose a risk annual review of s However, related workforce impacts may impact of | rm financial ar National policy but mitigated l strategic plan. financial and remain which |
| performance indicators, | HSCP SMT | • There is also a risk that the dependencies between our strategic plan and national planning, | Risk Code | Category | Risk |
| ould result in a ecreased level of | | and partner strategies are not aligned.The dependencies between the delivery of targets and wider risks relating to financial and | RSK12 | Strategic | Managemer Treat |
| ervice for patients and ervice users. | | workforce challenges (Risks 1, 2 7 and Issue 1) | Current Likelihood | Current Impact | Current Evaluation |
| | | | 03 | 03 | 09 Low |
| | | | Previous Likelihood | Previous Impact | Previous Evaluatio |
| | | | 03 | 03 | 09 Low |
| | | Mitigating / Preventing Actions Complete or Ongoing | Assigned to | Date | Status |
| monitoring and plan Organisational Perfor National, NHSGGC, Regular review of ke Review of systems u Needs Assessment Review of integratio Undertaking equality Ongoing budget mo Staffing resources a Quality care and pro Ongoing work devel | ning. prmance Reviews w Ministerial Steering ay performance indi used to record, extra carried out n scheme in line with rimpact assessmer nitoring and manag re flexed to meet pr fessional governan oping a culture of p ce of performance r | | SMT | Review Oct 2022 | Ongoing |
| Strong alignment beThere remains a risk | c of national policy of | shanges which could arect our alignment, but our review or strategic plan progress should mitigate | | | |
| Strong alignment be | c of national policy of | Mitigating / Preventing Actions Planned | Assigned to | Date | Status |

| eat to the HSCP and our partner organisation th of the focus of such threats was the theft user information. However, there is now a g a key component of critical national or loca g the COVID-19 pandemic as we have seen astructure is provided by NHS GGC and Idressing this risk sits with our partner orga unitoring. ied of a contracted provider and NHS24 cy s Continuity Review on how the Partnership ach. | t of growing al RSK13 en a 40% anisations /ber | Ukraine situation h potential of cyber-a external examples e Category Strategic d Current Impact d 04 Previous Impact | as increased the ttack with recen- of such issues. Risk Managemen Approach Treat via Partners (Transfer) Current Evaluation 20 High Previous |
|---|---|--|--|
| th of the focus of such threats was the theft user information. However, there is now a g a key component of critical national or loca g the COVID-19 pandemic as we have see astructure is provided by NHS GGC and Idressing this risk sits with our partner orga initoring. ied of a contracted provider and NHS24 cy s Continuity Review on how the Partnership | ons; NHS t of growing al RSK13 anisations /ber p would 05 Previous | Current Impact Current Impact Previous Impact | Managemen Approach Treat via Partners (Transfer) Current Evaluation 20 High Previous |
| a key component of critical national or loca g the COVID-19 pandemic as we have see astructure is provided by NHS GGC and dressing this risk sits with our partner orga initoring. ied of a contracted provider and NHS24 cy s Continuity Review on how the Partnership | Al RSK13 An a 40% Anisations /ber p would 05 Previous | d Current Impact 04 Previous Impact | Partners (Transfer) Current Evaluation 20 High Previous |
| ied of a contracted provider and NHS24 cy s Continuity Review on how the Partnership | /ber p would 05 Previous | d 04 Previous Impact | Evaluation 20 High Previous |
| | 05 Previous | Previous Impact | Previous |
| | | | |
| | | | Evaluation |
| | 04 | 04 | 16 Moderat |
| Dngoing | Assigned | to Date | Status |
| urity Policy and released several comms to ted a Council-wide phishing scam test to ra e controls and governance structures to mo es with controls in place. | aise Director of eHealth onitor and Council - Head of I | Historic | Ongoing |
| d | Assigned | to Date | Status |
| | cted a Council-wide phishing scam test to rate controls and governance structures to moves with controls in place. al guidance by both partner organisations in additional structures and governance organisations in additional structures and structures | s for their employment organisation. urity Policy and released several comms to staff cted a Council-wide phishing scam test to raise e controls and governance structures to monitor and res with controls in place. al guidance by both partner organisations in light of ed Assigned | s for their employment organisation. urity Policy and released several comms to staff cted a Council-wide phishing scam test to raise e controls and governance structures to monitor and res with controls in place. al guidance by both partner organisations in light of ed Assigned to Date |

| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Move | ement if applicable |
|--|---|--|--------------------------|----------------------------------|-----------------------------|
| | | | No Change | | NA |
| | | There is a risk that limited capital funding, and the complexities of coordinating a property strategy | Risk Code | Category | Risk Management Approach |
| There is a risk that limited capital funding and the complexities of co-ordinating relevant property | e consistently across both NHS and Council properties, could create additional challenges in delivering the IJB's strategic aims in the medium to long term. | RSK14 | Strategic | Treat via Partners (Transfer) | |
| strategies and planning between partner organisations could create additional challenges n delivering the IJB's strategic plan in the | | Current Likelihood | Current Impact | Current Evaluation | |
| nedium- to long-term. | | 04 | 05 | 20 High | |
| | | estate. An increase in staff to support service recovery is also adding accommodation pressure. | Previous Likelihood | Previous Impact | Previous Evaluation |
| | | | 04 | 05 | 20 High |
| Mitigating / Preventing Actions Complete or Ongoing | | | | Date | Status |
| Property Strategy workstream established wit services including the challenges faced. Wor and NHS Estates team regards the property a Primary Care Property Strategy submitted to A property data gathering exercise completed Funding secured for a 2-year temporary proper Refreshed HSCP Property Strategy Group co Ongoing attendance at the NHS Board/HSCP | king directly with Renfrey actions required. IJB 25 June 2021. I to support the determinerty manager in Q3 2021 mmenced 11 th May 2022 | , post started in December 2021. 2. | Chief Finance Officer | Review Oct 2022 | Ongoing |
| | ating / Preventing Action | | Assigned to | Date | Status |
| Refreshed assessment of service and team ne | eds as HSCP transitions | in line with Scottish Government Strategic Framework | Chief Finance Officer | Review Oct 2022 | Ongoing |

| | Risk Owner | Risk Description | Movement | Reason for Mov | ement if applicable | |
|---|--|--|-----------------------------------|-----------------------------------|-----------------------------|--|
| | | | No Change | | N/A | |
| here is a risk that the ressures on staffing caused | | | Risk Code | Category | Risk Management Approach | |
| y the demands of the COVID- 9 pandemic, subsequent vaves, and recovery needs, | Staff within the HSCP are required to undertake a range of mandatory training as part of their duties and responsibilities. However, the demands of the COVID-19 pandemic on staff time in response to the | RSK15 | Operational | Treat with Partners (Transfer) | | |
| vill impact on timeous ompletion of mandatory | SMT | pandemic, on staff absence and current increased levels of annual leave where staff have previously been unable to take this, limits the | Current Likelihood | Current Impact | Current Evaluation | |
| aining. This could impact on ne provision of a safe working nvironment for staff and | | time staff may have available to undertake mandatory training. | 03 | 04 | 12 Moderate | |
| atients / service users. | | | Previous Likelihood | Previous Impact | Previous Evaluatio | |
| | | | 03 | 04 | 12 Moderate | |
| Mi | tigating / P | reventing Actions Complete or Ongoing | Assigned to | Date | Status | |
| in a single view. This will er Collaborative working betwe ensures that the partnership Recording of incidents, inclu regular basis prior to them b Workforce planning activity Completion of individual risk records. Guidance for safe clinical ar Ongoing programme of staff (sharps, manual handling, a Appropriate processes have services Following investigations of s are identified and implemen | derway to p hable trends then the NHS occrrectly a iding violen eing review will reinforc assessme ad care env training, in nd fire) been creat ignificant a ted, being c | resent consolidated view of Health and Safety information for the HSCP s and areas of concern to be easily identified and action taken. S and Council regards to Health and Safety, via a network of advisors pplies the required H&S standards. t incidents are reviewed by Service Managers with data presented on a ved via the Joint Health and Safety Committee (includes trade unions) e Health and Safety as a core objective nts for clients and warning flag system in place on electronic care ironments is regularly reviewed and maintained cluding mandatory and statutory training, on health and safety issues ted and are invoked in cases of adverse weather for community-based dverse events (including RIDDOR reportable), process improvements overseen via the most appropriate governance structure. support services are available and regularly communicated to staff. | Head of Health and Social Care | Historic | Ongoing | |
| | | edures regards DSE assessments are regularly monitored | | | | |

| Risk Statement | Owner | | | | Reason for Movement if applicable | | |
|---|---|---|--|-----------------|-----------------------------------|--|--|
| There is a risk that the support | | The National Records of Scotland published drug related death figures for 2020 and in Renfrewshire 67 people sadly lost their lives. For 2021, recent figures show 50 people | No Change | 1 | N/A | | |
| provided to those with Addictions in Renfrewshire by | | died. Every life lost because of drug or alcohol harm is a tragedy. | Risk Code | Category | Risk Managemen Approach | | |
| he range of partners within | | Statistics show that around 66% drug deaths are individuals not known to services or in treatment at time of death. Partners across Renfrewshire continue to work closely and | RSK16 | Strategic | Treat with ADP | | |
| he ADP, and the ecommendations being mplemented from the Alcohol | SMT | collaboratively to develop services to support to those with addictions, and a range of actions are outlined in the mitigating / preventing actions below. However, in response to | Current Likelihood | Current Impact | Current Evaluatio | | |
| and Drug Commission, may not prevent future increases in | | the latest figures on drug deaths, it is important that the HSCP and ADP partners review existing strategy and plans to ensure that those at risk can be reached and supported as | 03 | 04 | 12 Moderate | | |
| he number of drug and alcohol related deaths within he area. | early as possible to prevent drug related deaths in future thin Figures published by NRS have also shown that between 2017 and 2021 a total of 227 deaths were caused by Alcohol in Renfrewshire. This is the eighth highest figure across | | Previous Likelihood | Previous Impact | Previous Evaluation | | |
| | | deaths were caused by Alcohol in Renfrewshire. This is the eighth highest figure across the 32 Scottish Local Authorities. | 03 | 04 | 12 Moderate | | |
| | Mitig | ating / Preventing Actions Complete or Ongoing | Assigned to | Date | Status | | |
| Extended distribution of Na Working with Peer Navigate Use of Near Me to encoura Extended access to resider Close collaboration with co Ensure that rapid restart of Adopted an assertive outre Have a clear pathway in pla Developing and implement th Harm reduction unit establi Drug death prevention offic Ongoing review of plans al Multiagency review and dis Specialist Alcohol Outreach RAH who do not engage w | loxone ors ge engagen ntial rehabilit lleagues fror treatment is ach approac ace for those ing the Drug e recommer shed in Dec er role recru ongside the cussions rec n Team in pl ith other ser | ation services. In the emergency department at the RAH following near fatal overdoses. available following relapse. th for service users. We who are released from prison. Deaths Prevention Action Plan Indations of the Alcohol and Drug Commission ember 2021 (HaRRT - Harm and reduction response team) ited to the ADP ADP with continued updates from all parties. quired regards further actions captured ace - the aim of their work is to provide care in the community for frequent attenders at the | ADP Head of MH, LD, and Addictions | Review Oct 2022 | Ongoing | | |
| A dedicated post was creat | | Mitigating / Preventing Actions Planned | Assigned to | Date | Status | | |
| An enhanced multi-agency which includes the impleme Regular meetings with part | approach to entation of a ners to discu | eceived quarterly rather than annually to support quick review and identification of learning the review of drug-related deaths that occur in Renfrewshire is current under development multi-agency drug death review group (DDRG) which will commence in H2 2022. uss and learn from non-fatal overdoses for Renfrewshire is currently being created. | ADP | Review Oct 2022 | Ongoing | | |

 Ongoing planning continues around alcohol and drug services to address the requirements of the wider Renfrewshire community. This work will address any requirements aligned to the delivery of the National MAT standards and alcohol quality principles.
 A dedicated post to review Alcohol Related Deaths will be recruited in 2022 for one year and will embed process going forward.

| Issue Statement | Issue Owner | Issue Description | Movement | Reason for Mo | vement if applicabl |
|---|--|---|---------------------|---------------------|----------------------------|
| | | It has become increasingly difficult to attract and retain the right staff for various roles across the HSCP. | No Change | | NA |
| | | A number of services are now experiencing significant challenges with recruitment due to the following: | Issue Code | Category | Issue Manageme Approach |
| Challenges in attracting and retaining staff across | | Changes due to the Scottish Government nursing agenda has resulted in some posts more attractive than others and also altering the role requirements | ISS01 | Operational | Treat |
| range of roles within HSCP services, because of range of factors, is contributing to constraints in | SMT | (specified nursing degrees). District and School nursing are particularly affected. | Current Impact | Curren | t Evaluation |
| ervice delivery. | | Varying rates of pay and conditions across HSCPs A general shortage locally and nationally for specific | 05 | | xtreme |
| | | roles.A perceived reduction in number of applicants for | Previous Likelihood | Previou | s Evaluation |
| | | frontline roles such as Care at Home in light of the impact of the pandemic and its associated challenges.The NCS Bill is also adding uncertainty for the future of social care roles. | 05 | E | xtreme |
| Mitigating an | d Recovery Actions C | omplete or Ongoing | Assigned to | Date | Status |
| absence management processes, regular revie revalidation and adherence to application check Implementation of alternative recruitment route Development of interim workforce plan 2021-22 2022 and submitted to SG for comment at the Winter planning – 3-month forward plan comple with services – to identify any possible addition Contingency exercise completed to identify sta | w / refresh of statutory klists (e.g., disclosure) s where possible in agro 2, and a workforce plan end of July 2022. eted to ensure adequate al staffing mitigations. ff who are willing to volu | ed timescales from request to advert, robust application of and mandatory training and professional registration / eement with HR & OD for 2022 to 25 which was reviewed in draft at IJB June e staffing and contingency. Scenario planning completed unteer to support other services should the situation arise. porting established for critical services regards staffing | HSCP SMT | Review Sept2022 | Ongoing |
| | ating / Recovery Action | | Assigned to | Date | Status |
| define innovative approaches to recruitment. C | Completion of two job fai | mplete actions to improve staff retention and recruitment, irs to attract staff. cluster support for GP practices / services. | HSCP SMT | Review Sept 2022 | Ongoing |

[This concludes the RHSCP Risk and Issue Report for 09 September 2022 IJB Audit, Risk & Scrutiny Committee]