

Perth & Kinross Health and Social Care Partnership Strategic Risk Register



No.	Risk Ref.	Risk	Risk Owner	Pri	ority	Move- ment
1	<u>SR01</u>	FINANCIAL RESOURCES: There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Chief Finance Officer	1	Very High	Ψ
2	<u>SR02</u>	WORKFORCE: As a result of our ageing workforce, difficulties in recruiting and retaining sufficient suitably skilled and experienced staff, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services and ability to deliver key corporate support functions.	Acting Head of Service ASWSC Operations	1	Very High	←→
3	<u>SR04</u>	SUSTAINABLE CAPACITY AND FLOW: As a consequence of the demographics of the Perth and Kinross population and increasing frailty there is a risk to the sustainability of 'capacity and flow' within our services resulting an inability of the wider health and care system to meet needs.	Head of Health	2	High	←→
4	<u>SR05</u>	SUSTAINABLE DIGITAL SOLUTIONS: As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.	Acting Head of Service ASWSC Operations	2	High	←→
5	<u>SR06</u>	VIABILITY OF COMMISSIONED PROVIDERS: As a result of challenging employment conditions, the recession and cost of living crisis, EU Exit, increasing complexity of individuals supported as well as the impact of the pandemic there is a risk that our commissioned providers will be unable to meet the increased demands they are facing resulting in reduced viability of providers across our local health and social care sector.	Interim Head of Adult Social Care (Commissioning)	3	Medium	Ψ
6	<u>SR08</u>	WIDENING HEALTH INEQUALITIES: As a consequence of increasing levels of poverty, deprivation, and significant rurality there is a risk that health inequalities will increase resulting in poorer outcomes for people.	Chief Officer	2	High	()
7	<u>SR09</u>	LEADERSHIP TEAM: Without a new permanent and integrated senior management team there is a risk of instability in leadership within the Health and Social Care Partnership	Chief Officer	3	Medium	←→
8	<u>SR11</u>	SUSTAINABLE PRIMARY CARE SERVICES: As a result of an inability to: Reliably recruit, train and retain workforce, Have appropriate premises to deliver clinical and support services, Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services, and address inequalities of access to services in remote and rural areas. There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This could result in inadequate care, reputational damage and failure to meet legal requirements.	Clinical / Associate Medical Director	1	Very High	←→
9	<u>SR14</u>	PARTNERSHIP PREMISES: As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.	Chief Officer	1	Very High	←→
10	<u>SR15</u>	WHOLE SYSTEM MENTAL HEALTH & LEARNING DISABILITIES CHANGE PROGRAMME As a consequence of a lack of workforce capacity, access to suitable estates infrastructure, ambiguity in financial framework, ineffective communication and engagement, there is a strategic risk to the delivery of Tayside's Mental Health Whole System Change Programme, resulting in failure to deliver improved outcomes, patient harm and benefits of the programme.				
<> No	change i	n risk exposure ↑ Increase in risk exposure	V Decrease i	n risk e	kposure	



SR01: FINANCIAL RESOURCES

Risk Owner: Chief Financial Officer Date Added to Register: 22 Oct 2020

Review Date: 22 May 2024

Description of Risk: There are insufficient financial resources to deliver the objectives of the Strategic Plan

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: $(\uparrow, \leftarrow \rightarrow, \downarrow)$

▶ DECREASE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5 5		5	4
Inherent	Score: 25	Residual	Score: 20

	Critical	5	10	15	20	25		
	Major	4	8	12	16	20		
Ħ	Moderate	3	6	9	12	15		
pact	Minor	2	4	6	8	10		
Ē	Insignificant	1	2	3	4	5		
		Very Low	Low	Medium	High	Very High		
	Probability							

Existing Controls:

- A Financial Plan is approved annually as part of a 3 Year Financial Plan. This includes an
 efficiency savings and service redesign programme to support long term sustainability.
- Robust financial controls and regular financial monitoring and reporting so that finances are kept under review on a regular basis.
- Annual Budget Negotiation Process (PKC & NHST) is supported by robust budget review/due diligence process
- Effective member and officer working on development of the Budget through IJB Budget Development Sessions
- Financial Position is reported to each meeting of the IJB and is a standard item on the agenda.
- An IJB Reserves Policy is in place and reviewed in March 2024.
- Regular informal meetings with NHS Tayside Director of Finance and PKC Head of Finance
- 3-year strategic delivery plans in place with financial frameworks ensuring an effective link between strategic and financial planning.
- Risk Sharing arrangements between statutory partners have been agreed via the approval of the PKIJB Integration Scheme.
- Regular meetings with both PKC and NHST ELTs are in place via the Chief Officer.

Risk Overview:

On March 20th, 2024, the IJB approved a balanced budget for 2024/25 but recognised there was a significant gap within the Provisional Budgets for 2025/26 and 2026/27, therefore the Budget Review Group will continue to meet throughout 2024/25. It will consider the additional funding solutions and reductions in expenditure required and how this can be achieved with minimal impact on the strategic plan and to the population's health and care needs. The level of risk therefore remains very high when considering the resources available to meet strategic objectives.

The existing controls for this risk are deemed to be working effectively. Whilst these can only partly mitigate this risk, there are sufficient financial controls in place to reduce the residual risk to below the inherent score. However, the extent of the cost and demand / need pressures on services, together with a decreasing real terms budget means that the risk remains high.

Existing control rating: A – Controls are working effectively.



SR02: WORKFORCE

Risk Owner: Acting Head of Service ASWSC Operations

Date Added to Register: 22 Oct 2020

Review Date: 22 May 2024

Description of Risk: As a result of our ageing workforce, difficulties in recruiting and retaining sufficient suitably skilled and experienced staff, there is a risk that the Partnership will be unable to maintain its workforce appropriately, leading to unsustainable services and ability to deliver key corporate support functions

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: $(\uparrow, \leftarrow \rightarrow, \Psi)$

←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5	5	4
Inherent Score: 25		Residual Score: 20	

	Critical	5	10	15	20	25		
	Major	4	8	12	16	20		
	Moderate	3	6	9	12	15		
Impact	Minor	2	4	6	8	10		
d m	Insignificant	1	2	3	4	5		
_		Very Low	Low	Medium	High	Very High		
	Probability							

Existing Controls:

- Established, robust recruitment processes in place within statutory partner organisations
- HSCP 3-year workforce plan in place and being implemented.
- Production and implementation of Older People's Strategic Delivery Plan 2022:2025 which sets out significant investment in additional staff to respond to increases in demand.
- A Workforce Planning Programme Manager is in place to develop and implement the 3-year workforce plan across teams and services within Perth and Kinross.
- 'What Matters to You' approach taken to support and encourage meaningful conversations and encourage positive behaviours between staff and support recruitment and retention.

Risk Overview:

A dedicated Workforce Planning Officer has now commenced in post.

Progress continues to be made in reducing the use of agency for nursing posts and agency use in social care has ceased. Occupational Therapy positions can be particularly challenging to fill and there has been some resignations. This has resulted in longer waiting lists for the service. A review of the AHP (Allied Health Professionals) workforce is being taken forward by the AHP Director at the request of the Chief Officer.

There has been significant progress in implementing the 3-Year Workforce Plan and the actions have had a positive effect in reducing the impact of vacancies. However, we continue to experience significant challenges regarding workforce. Progressing the actions are crucial to ensuring that we can deliver our Strategic Plan priorities and support the people of Perth and Kinross.

There is no change to the risk score.



SR04: SUSTAINABLE CAPACITY AND FLOW

Risk Owner: Head of Health Date Added to Register: 22 Oct 2020

Review Date: 22 May 2024

Description of Risk: As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.

Risk Related to Achievement of Strategic Aim:

1. Working together with Communities

2. Prevention and Early Intervention

3. Person-centred health, care and support

4. Reducing Inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 2

Risk Movement: $(\uparrow, \leftarrow \rightarrow, \lor)$

←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	
5 5		5 3		
Inherent	Score: 25	Residual	Score: 15	

	Critical	5	10	15	20	25		
	Major	4	8	12	16	20		
	Moderate	3	6	9	12	15		
act	Minor	2	4	6	8	10		
Impact	Insignificant	1	2	3	4	5		
		Very Low	Low	Medium	High	Very High		
	Probability							

Existing Controls:

- HSCP Capacity and Flow strategic portfolio provides local management, ownership and control of the whole system that supports capacity and flow through our services.
- NHS Tayside Unscheduled Care Board supports the wider development of strategic direction alongside the P&K Whole System meeting.
- HSCP Performance Framework details the key performance measures which relate to Capacity and Flow. These are reviewed routinely across the organisation.
- Winter Planning Group oversees the Winter Plan and ensures that services are fit for purpose.
- Bronze command structure groups are in place supporting the strategic approach to capacity and flow and coordination of Delayed Discharges.
- 3 Year Strategic Delivery Plan for Older People's Services
- Implementation of strategic Discharge without Delay programme, including new pathways from hospital to home
- Frailty Unit at PRI/Ambulatory Care Area
- Enhanced integration of PRI discharge hub and hospital discharge team.

Risk Overview:

On average, capacity and flow is maintaining an amber RAG status with good improvement work around lengths of stay for the acute wards, Tay ward and Community Hospitals. There is some good improvement work noted for HART and Care at Home pickups from hospital sites.

The Winter Plan implementation overall has been judged to have been a success and contributed to maintaining sustainable capacity and flow across the season despite some significant challenges faced.

There is no change to the risk score.

Existing control rating: A – Controls are working effectively.



SR05: SUSTAINABLE DIGITAL SOLUTIONS

Risk Owner: Acting Head of Service ASWSC Operations

Date Added to Register: 22 Oct 2020

Review Date: 22 May 2024

Description of Risk: As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.

Risk Related to Achievement of Strategic Aim:

- 1. Working together with Communities
- 2. Prevention and Early Intervention
- 3. Person-centred health, care and support

4. Reducing Inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 2

Risk Movement: $(\uparrow, \leftarrow \rightarrow, \lor)$

←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	4	4	3
Inherent	Score: 20	Residual	Score: 12

	Critical	5	10	15	20	25	
	Major	4	8	12	16	20	
	Moderate	3	6	9	12	15	
Impact	Minor	2	4	6	8	10	
	Insignificant	1	2	3	4	5	
		Very Low	Low	Medium	High	Very High	
	Probability						

Existing Controls:

- PKHSCP Technology Enabled Care Digital Strategy Group develops and directs strategy.
- PKHSCP TEC/Digital Portfolio Strategic Action Plan is a scheduled agenda item on EMT, EOT, PKC Digital Board.
- Members of the TEC Digital Strategy Group are members of the NHST/LA Tayside Digital Transformation Partnership (TDTP).
- PKC Information Governance has oversight and supplies guidance.
- PKHSCP TEC Digital Steering Group Scrutinises and escalates to Strategy group as required.
- Signed Data Sharing Agreements are in place between NHST/PKC/PKHSCP/ISD and between PKC/NHS NSS/Scottish Government.
- Governance framework for the delivery of the digital strategy across the Partnership in place.
- Digital strategies of the IJB's Statutory Partners.
- Pinpoint GIS auto-scheduling mapping of unmet need system in place.

Risk Overview:

Issues are being addressed in relation to the implementation of the new auto-scheduling system which is designed to support increased efficiencies and tackle unmet need. However, the full benefits of the system are still to be realised.

Implementation of integrated case management systems MOSAIC and MORSE has not happened as yet. MOSAIC implementation is anticipated by the end of August 2024 but no timescale is available yet for MORSE. Further work will also then be required to ensure that the 2 systems can communicate with each other. The delay in implementing these systems presents challenges in realising integrated teams with no integrated IT system in place. This is a key enabler for integration and the residual risk score may need further examined in due course.

No change to the risk score at this point in time.



SR06: VIABILITY OF COMMISSIONED PROVIDERS

Risk Owner: Interim Head of Adult Social Care (Commissioning)

Date Added to Register: 22 Oct 2020

Review Date: 22 May 2024

Description of Risk: As a result of challenging employment conditions, the recession and cost of living crisis, EU Exit, increasing complexity of individuals supported as well as the impact of the pandemic there is a risk that our commissioned providers will be unable to meet the increased demands they are facing resulting in reduced viability of providers across our local health and social care sector.

Risk Related to Achievement of Strategic Aim:

- 1. Working together with Communities
- 2. Prevention and Early Intervention
- 3. Person-centred health, care and support
- 4. Reducing Inequalities and unequal health outcomes and promoting healthy living

5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 3

Risk Movement: $(\uparrow, \leftarrow \rightarrow, \lor)$

♦ DECREASE IN RISK EXPOSURE

Risk Exposure Rating Priority 3: Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5 5		3
Inherent	Score: 25	Residual	Score: 9

	Critical	5	10	15	20	25	
	Major	4	8	12	16	20	
	Moderate	3	6	9	12	15	
Impact	Minor	2	4	6	8	10	
	Insignificant	1	2	3	4	5	
		Very Low	Low	Medium	High	Very High	
	Probability						

Existing Controls:

- Local and national contractual arrangements provide a recognised framework for commissioned services.
- Maintenance of strong and supportive relationships with providers create routine and regular opportunities to highlight issues of concern.
- Care Home oversight group which provides routine and regular monitoring service provision.
- Commissioned Services Board provides strategic oversight of commissioned services and risks as they develop.
- Continued investment in commissioned services.
- Tayside meetings commenced in order to plan for National Care Homes Contract (NCHC) potential challenges.

Risk Overview:

The Care at Home contract is out to tender and we have had 61 notes of interest, this is very positive and bodes well for an increase in externally commissioned Care at Home provision.

External Care at Home provision is steady and continually improving and the level of unmet need is decreasing.

One small Care Home will close end May, a loss to the local community in which it is based, but this should not impact on our ability to source Care Home placements.

The effectiveness of current controls as well as our current provision being on a continual upward trend of improvement in capacity means that the residual score of this risk has decreased and is now within our risk appetite.

Existing control rating: A - Controls are working effectively



SR08: WIDENING HEALTH INEQUALITIES

Risk Owner: Chief Officer Date Added to Register: 22 Oct 2020

Review Date: 22 May 2024

Description of Risk: As a consequence of increasing levels of poverty, deprivation, and significant rurality there is a risk that health inequalities will increase resulting in poorer outcomes for people.

Risk Related to Achievement of Strategic Aim: 4. Reducing inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 2

Risk Movement: $(\uparrow, \leftarrow \rightarrow, \lor)$

←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	
4	5	3	4	
Inherent	Score: 20	Residual Score: 12		

	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
Impact	Minor	2	4	6	8	10
m D	Insignificant	1	2	3	4	5
_		Very Low	Low	Medium	High	Very High
		Pr	obability			

Existing Controls:

- Strategic Commissioning Plan 2019 documents the strategic ambitions of the IJB including those which relate to health inequalities.
- The Equalities Strategic Forum provides a platform to ensure that local equality protected groups are represented effectively. This forum contains broad representation across the Community Planning Partnership including from statutory and third sector partners.
- Perth and Kinross Equalities, Empowerment and Fairness workstream (within the Recovery and Renewal agenda) focuses efforts across Council Services in respect to Equalities.

Risk Overview:

The Community Planning Partnership is undergoing a refresh of the Local Outcomes Improvement Plan tackling poverty, improving employability and addressing the priority of mental health and wellbeing with a strong public health agenda. The HSCP and the IJB's strategic plan will contribute to this. This is anticipated to contribute towards tackling inequality.

In addition, a report on the IJB's legal obligations is scheduled for consideration by the IJB in October 2024.. This will include an improvement plan should any areas be identified where our approach can be strengthened.

The risk remains high whilst the work is ongoing.



SR09: LEADERSHIP TEAM CAPACITY

Risk Owner: Chief Officer Date Added to Register: 22 Oct 2020

Review Date: 22 May 2024

Description of Risk: Without a new permanent and integrated senior management team there is a risk of instability in leadership within the HSCP.

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 3

Risk Movement: $(\uparrow, \leftarrow \rightarrow, \psi)$

←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 3: Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)			
5 4		4 2				
Inherent	Score: 20	Residual	Score: 8			

	1 9 7								
	Critical	5	10	15	20	25			
	Major	4	8	12	16	20			
	Moderate	3	6	9	12	15			
Impact	Minor	2	4	6	8	10			
ш	Insignificant	1	2	3	4	5			
_		Very Low	Low	Medium	High	Very High			
	Probability								

Existing Controls:

- HSCP Senior Leadership Team in place in the form of the Executive Management
 Team
- Chief Officer meets regularly with Chief Executive of both PKC and NHS Tayside including discussion on leadership resources
- Regular reporting on Partnership Improvement Plan to IJB Audit & Performance Committee including key actions to increase leadership capacity.

Risk Overview:

The Head of Health is due to retire in August 2024. Work continues implementing the new leadership structure. Recruitment for the posts of Head of Integrated Health and Care for Older People and Adults will commence by June 2024. Additional capacity to support transition to December 2025 has been secured.

The residual risk rating has not changed and remains a yellow priority 3 risk and within the risk appetite.

Existing control rating: A - Controls are working effectively



SR11: PRIMARY CARE

Date Added to Register: 22 Oct 2020 Risk Owner: Clinical / Associate Medical Director

Review Date: 22 May 2024

Description of Risk: Sustainable Primary Care Services - As a result of an inability to:

- Reliably recruit, train and retain workforce,
- Have appropriate premises to deliver clinical and support services,
- Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services, and
- address inequalities of access to services in remote and rural areas.

There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This could result in inadequate care, reputational damage and failure to meet legal requirements

Risk Related to Achievement of Strategic Aim:

- 1. Working together with our communities
- 2. Prevention and early intervention
- 3. Person-centred health, care and support
- 4. Reducing inequalities and unequal health outcomes and promoting healthy living
- 5. Making the best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: $(\uparrow, \leftarrow \rightarrow, \downarrow)$

NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
4	4	4	4
Inherent	Score: 16	Residual	Score: 16

	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
ב ב	Minor	2	4	6	8	10
_	Insignificant	1	2	3	4	5
		Very Low	Low	Medium	High	Very High
		Pr	obability			

Existing Controls:

- Perth and Kinross HSCP Primary Care Board fulfils the responsibility of a Programme Board overseeing the Implementation of the Primary Care Improvement Plan, including 2018 General Medical Services Contract
- Regular engagement with Local Medical Committee which jointly approves the development and implementation of new services in support of the 2018 General Medical Services contract
- The Pan-Tayside 2018 General Medical Services Contract Implementation Group assists in the management and delivery of Tayside/HSCP Programmes
- NHS Tayside Primary Care Board considers highlight reports from each HSCP including escalation of risks
- Integration Joint Board annual report on Primary Care Implementation Plan details progress and issues/risks affecting delivery
- Locality Management Team meet regularly to resolve/highlight operational delivery issues
- NHS Tayside governance structure for premises and asset management provides the mechanism for submission of Primary Care premises strategic Plan
- NHS Tayside over time improving sustainability of GP practice premises by replacing GPs as premises lease holders

Risk Overview:

The 4th Primary Care Sustainability survey has been completed in P&K and allows comparison with other practices in the HSCP and across Tayside. All PKHSCP Practices participated and the key themes identifies were workload, capacity. GP recruitment and retention and premises. Work is continuing to develop key actions to support improvement working collaboratively with Practices and Clusters through the PKHSCP Sustainability Group.

PKHSCP has introduced a Primary Care Premises Group to drive forward the key priorities identified in the PKHSCP Premises Strategy and also a PKHSCP Primary Care Digital Solutions group is examining potential options available and working with practices to pilot key areas and share learning.

Work on a Tayside Primary Care Strategy including engagement and stakeholder events was undertaken to develop the vision, priorities, core principles and strategic enablers for Primary Care resulting in a 'Primary Care Plan on a Page'. This was considered by P&K IJB in November 2023. However, to avoid duplication, the Tayside Primary Care Strategy is now being incorporated into the NHS Tayside Strategy. The work completed to date and the Plan-on-a-Page document will form part of the wider NHS Tayside Strategy. Work remains ongoing to ensure the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Perth & Kinross and Tayside overall.

There is no change to the risk exposure which remains at a very high level.



SR14: PARTNERSHIP PREMISES

Risk Owner: Chief Officer Date Added to Register: 22 Jul 2021

Review Date 22 May 2024

Description of Risk: As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.

Risk Related to Achievement of Strategic Aim:

- 1. Working together with our communities
- 2. Prevention and Early Intervention

3. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: $(\uparrow, \leftarrow \rightarrow, \psi)$

←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

		<u> </u>					
Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Residual Impact Probabilit (1-5) (1-5)					
4 5		4	4				
Inheren	t Score: 20	Residual	Score: 16				

	Critical	5	10	15	20	25			
	Major	4	8	12	16	20			
	Moderate	3	6	9	12	15			
Impact	Minor	2	4	6	8	10			
m d	Insignificant	1	2	3	4	5			
_	Very Low Medium High Very High								
		Pr	obability						

Existing Controls:

- Corporate support arrangements provided by HSCP Statutory Partners who support the delivery of accommodation needs.
- HSCP membership of Statutory Partner Capital Asset Groups.
- HSCP representation on PKC office/accommodation group.
- Formal and informal lease agreements/arrangements for current Partnership premises in place
- HSCP involvement in One Public Estate forum.
- Perth and Kinross Primary Care Premises Strategy which identifies our premises needs for the short, medium and long term.
- Agreed relocation plan in place with NHS Tayside and Perth & Kinross Council.

Risk Overview:

There is now an agreed plan with NHS Tayside and Perth and Kinross Council to achieve a series of relocation of key services to address the significant risk to delivery from suitable premises. The relocation of services is as follows:

- IDART to relocate from Drumhar to Birnham Day Centre, MRH
- Primary Care Services Team to relocate from Beechgrove to 2 High Street
- CCATS Perth City will relocate from Beechgrove to Drumhar
- (Non HSCP Services involved include Vaccination centre to locate to Pullar House, Child Immunisation Services also to locate to Pullar House)

The risk exposure level remains very high but this will be revised once the relocations have occurred.



	15: WHOLE SYSTEM MENTAL HEALTH & LEARNING DISABILITIES CHANGE PROGRAMME										
Risk Owner: Chic	ef Officer				Date Added to Register: 6 June 2024 Review Date						
communication improved outcor	Description of Risk : As a consequence of a lack of workforce capacity, access to suitable estates infrastructure, ambiguity in financial framework, ineffective communication and engagement, there is a strategic risk to the delivery of Tayside's Mental Health Whole System Change Programme, resulting in failure to deliver improved outcomes, patient harm and benefits of the programme.								iver		
Risk Related to Achievement of Strategic Aim: 1. Working together with our communities 2. Prevention and early intervention 3. Person-centred health, care and support 4. Reducing inequalities and unequal health outcomes and promoting healthy living 5. Making the best use of available facilities, people and other resources											
	Current Risk	Rating: (priority 1, 2,	3 or 4)		 	Ris	k Movem	ent: (♠,€	-→,↓)		
		ТВС									
Risk Exposure R Immediate manag	ement action needs to	be taken to reduce t	, which may have a s ne level of net risk.	serious imp	act o	n the Partnership or Service [Delivery and	I the achieve	ment of its ob		_
Inherent	Inherent	Residual	Residual				5	10	15		25
Impact (1-5)	Probability (1-5)	Impact (1-5)	Probability (1-5)								
(: 5)	(1.5)	(1.3)	(1.0)	ಕ							
TDC	ТВС	ТВС	d d					4			
ТВС	TBC	TBC	ТВС	_			Very Low	Low	Medium	High	Very High
Inherent	Score: TBC	Residual S	core: TBC		able estates infrastructure, ambiguity in financial framework, ineffective Mental Health Whole System Change Programme, resulting in failure to deliver es port ealth outcomes and promoting healthy living lities, people and other resources Risk Movement: (↑, ←→, Ψ) act on the Partnership or Service Delivery and the achievement of its objectives if not managed. Critical 5 10 15 20 25 Major 4 8 12 16 20 Moderate 3 6 9 12 15 Minor 2 4 6 8 10 Insignificant 1 2 3 4 5 Very Low Medium High Very High						
Existing Controls: • TBC											
Existing control	rating: TBC										



Risk Rating Matrix	Inherent Score	Residual Score
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Ref	Risk	Risk Title	Risk Owner	Risk Exposure - no controls	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
1	<u>SR01</u>	Financial Resources	Chief Financial Officer	25 (5x5) RED	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	25 (5x5) RED	20 (5x4) RED						
2	<u>SR02</u>	Workforce	Acting Head of Service ASWSC (Operations)	25 (5x5) RED	20 (5x4) RED											
3	<u>SR04</u>	Sustainable Capacity and Flow	Head of Health	20 (5x5) RED	25 (5X5) RED	15 (5X3) AMBER										
4	<u>SR05</u>	Sustainable Digital Solutions	Acting Head of Service ASWSC (Operations)	20 (5x4) RED	8 (4X2) YELLOW	8 (4X2) YELLOW	8 (4X2) YELLOW	8 (4X2) YELLOW	12 (4x3) AMBER							
5	<u>SR06</u>	Viability of Commissioned Providers	Interim Head of Adult Social Care (Commissioning)	25 (5x5) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	9 (3x3) YELLOW
6	<u>SR08</u>	Widening Health Inequalities	Chief Officer	20 (4x5) RED	12 (3X4) AMBER											
7	<u>SR09</u>	Leadership Team Capacity	Chief Officer	20 (5x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	8 (4x2) YELLOW							
8	<u>SR11</u>	Primary Care	Clinical / Associate Medical Director	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
9	<u>SR14</u>	Partnership Premises	Chief Officer	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	16 (4x4) RED							
10	<u>SR15</u>	Tayside Mental Health Whole System Change Programme	Chief Officer	твс												



Background

Risk management is an indispensable element of good management. As such, its implementation is crucial to the Perth and Kinross Health and Social Care Partnership (PKHSCP) and essential to its ability to discharge its responsibilities. It is about improving PKHSCP's ability to deliver outcomes by managing our threats, enhancing our opportunities and creating an environment that adds value and is a key part of corporate governance.

Good risk management will help identify and deal with key strategic risks facing the IJB in the pursuit of its goals and not simply a compliance exercise.

As part of good corporate governance an organisation is required to demonstrate that risk management is an integral part of its activity. This requires risk management to be embedded within the culture of the Partnership.

Appetite

Perth & Kinross IJB's risk appetite in relation to its key areas of strategic risk is set out in table 1 below. Where risks fall in amber or red (priorities 1 & 2), consideration is given to the effectiveness of controls and any actions required.

Table 1.

Risk	sk Scoring Grid								
	Critical	5	10	15	20	25			
	Major	4	4 8		16	20			
	Moderate	3	6	9	12	15			
Impact	Minor	2	4	6	8	10			
<u>E</u>	Insignificant	1	2	3	4	5			
		Very Low / Very remote	Low / Remote	Medium / Possible	High / Probable	Very High / Almost Certain			
			Probabili	ity					

Risk Exposure Rating

Risks are prioritised as to where they fall on the Risk Scoring Grid:

Priority 1 Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Priority 2 There are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Priority 4 Appropriate controls keep the risk low / negligible. These risks are being effectively managed and any further action to reduce the risk would be inefficient in terms of time and resources. Ensure conditions remain the same and existing actions are operating effectively.

Controls and Actions

Where controls have been put in place to treat a risk, consideration is given on how this will affect the risk:

- Reduces impact of the consequences should the risk materialise
- Reduces the probability of the risk occurring

The effectiveness of the controls are rated to determine any actions required to ensure effectiveness via the scale set out in table 2 below:

Table 2.

Con	Controls								
D	Significant Controls do not exist or have broken down								
С	Significant controls not operating effectively								
В	Not all controls are fully effective								
Α	Controls are working effectively								