

ARGYLL & BUTE INTEGRATED JOINT BOARD STRATEGIC RISK REGISTER UPDATED 26 MAY 2021

Risk Ref and xRef to Strategic Objectives	Description Of Risk	Consequence	Gross Risk			Mitigations/ Control Measures 2020/21	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating /Score		Likelihood	Impact	Risk Rating /Score		
SSR01 links to B,E,F,J	<b>Financial Sustainability</b> - risk of financial failure arising from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives.	This may lead to an inability to deliver on the Strategic Plan, with a reduction in performance, progress not being made with national targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes that are not line with the strategic objectives	4- Likely	5 - Extreme	<b>VERY HIGH 20</b>	<ul style="list-style-type: none"> <li>oThe Integration Scheme outlines the consequences from overspend with partners required to supplement resources if recovery plans fail</li> <li>o Integrated Financial information is reported regularly to Finance &amp; Policy Cttee and IJB for both the current year financial position and the budget outlook for future 3 years. This includes clearly demonstrating the level of delegated resource from the partners and impact on the IJB of their financial planning decisions.</li> <li>o Settlement from NHS Highland for 2021/22 included additional £2.85m remainder of NRAC uplift for 2022/23 and beyond, reducing budget gap</li> <li>o Finance &amp; Policy Committee replaced Quality and Finance Plan Programme Board to provide stronger financial governance.</li> <li>o Delivery of the Engagement strategy to support working with communities to deliver service changes.</li> <li>o co-production embedded in values</li> <li>o Increased focus and resource on delivery of the Savings Plan following consistent project management approach to monitor and record progress supported by SIO team</li> <li>oDevelopment of financial governance including development of integrated financial reporting, financial risk register, operational and strategic reporting with action planning on overspend on a monthly basis.</li> </ul>	3- possible	5- Extreme	<b>HIGH 15</b>	<ul style="list-style-type: none"> <li>o Monitoring outcomes of Independent Review of Adult Social Care and financial impacts of this</li> <li>o more robust input from professional and clinical leads at all Committees</li> <li>o A methodology for review and evaluation of services delivered</li> </ul>	Chief Financial Officer
SSR02 links to A,B,C,D,E,F,G,H,I,J,K	<b>Delivery of Strategic Objectives</b> - Lack of resources to deliver transformational change could lead to a failure to deliver on strategic outcomes and priorities in the Strategic Plan and the targets and expectations from the Scottish Government. The pace of change to re-design services might not keep up with the demographic pressures of an ageing population and the progress with the shift from institutional and acute care will impact on resources available for re-designed services.	Inability to convince the workforce and communities of the need for change could lead to reputational damage and the increased fragility of health and social care services.	4- Likely	4- Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>oLocality Planning Groups with agreed terms of reference, locality planning under new engagement strategy guidelines presented to Strategic Planning Group</li> <li>oDelivery of the annual Savings Plan - all policy related savings have EQIAs produced to highlight impacts</li> <li>oBudget planning for the duration of the 2019-22 Strategic Plan and onto 2024/25</li> <li>oPerformance reporting to the IJB, including progress against Health and Wellbeing indicators and MSG targets with actioned performance management</li> <li>oCommunications and engagement strategy</li> <li>oPublished Annual Performance Report</li> <li>oMonitoring through Service Transformation Board and Finance &amp; Policy Cttee with clearly articulated links to Strategic Planning Group</li> <li>oRevised supporting governance for IJB and committees</li> <li>oSMT reporting structure and links with partner organisations, including Chief Officer representation on partner senior management teams</li> <li>oEngagement with staff representation</li> <li>oClearly articulated impact on Quality and Performance in all service redesign plans</li> </ul>	3 - Possible	4 - Major	<b>HIGH 12</b>	<ul style="list-style-type: none"> <li>o Roll out of new Integrated Performance &amp; Reporting Regime in 2021/22</li> <li>o re-build Locality Planning Groups (to commence Sept 2021)</li> <li>o consideration of new technology which can enhance delivery of objectives e.g. drones</li> </ul>	Chief Officer

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SSR03 Links to B,E,G,H,I	<b>Demographic Changes</b> - failure to implement strategies and actions to address future demographic challenges of declining population with a reduced working age population and an increase in the proportion of older people. This would be as a result of the failure to identify and forecast the impact on services and the planning for service changes in the future in line with this, including shifting the balance of care and implementing new neighbourhood models of care. The population decline will reduce resources available alongside increased demand for services from an increasing older population	This could lead to service failure to meet needs of service users and deliver against the Strategic Plan objectives.	4- Likely	4 - Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>oStrategic Plan and role of Strategic Planning Group</li> <li>oIncorporation of demographic forecasts into Strategic Planning and Locality Planning</li> <li>oLocality Planning Groups to inform service re-designs in each locality in line with needs of the population</li> <li>o Strategic Workforce Planning Group established Jan 21 to share data and good practice and develop 3 year workforce plans</li> <li>oDemand pressures for services incorporated into budget process</li> <li>oNational awareness of demographic changes been driver for change in the way services are delivered</li> <li>oOngoing engagement with Community Planning Partners</li> <li>oIncreased opportunity for Joint Planning with Partners in line with relevant legislation</li> </ul>	3 - Possible	4- Major	<b>HIGH 12</b>	<ul style="list-style-type: none"> <li>oBuild on capacity for self-management and prevention work</li> <li>oPlanning for future workforce demographic changes in overall Workforce Plan being developed by Head of HR</li> <li>o Updated Adult Health Strategic Needs Assessment being completed which will feed into new 3 year Strategic Plan from April 2022</li> </ul>	Head of Strategic Planning & Performance
SSR04 links to J	<b>Governance and Leadership</b> - IJB arrangements are not conducive to effective working and lead to poor decision making and lack of strategic direction.	This could lead to lack of confidence in the ability of the IJB and reputational damage.	3 - Possible	4 - Major	<b>HIGH 12</b>	<ul style="list-style-type: none"> <li>oAppropriate arrangements in place for representation on the IJB.</li> <li>oProgramme of development sessions for IJB members.</li> <li>oIntegration Scheme recently reviewed signed off March 2021, Strategic Plan, Standing Orders and Code of Conduct in place.</li> <li>oCommittee structure below IJB, including Audit &amp; Risk Committee, Clinical and Care Governance Committee, Strategic Planning Group, and Finance &amp; Policy Committee.</li> <li>oManagement structure revised in 2020</li> <li>oInternal Audit review of governance arrangements in June 2020 and all recommendations implemented.</li> <li>oExternal Audit role</li> <li>oRegular engagement with Standards Officer</li> </ul>	3 - Possible	3 - Moderate	<b>MEDIUM 9</b>	<ul style="list-style-type: none"> <li>o Development of Code of Corporate Governance to achieve an holistic approach to the overall Governance of the IJB and regular review of performance</li> <li>o implementation of actions from April IJB development session</li> </ul>	Chief Officer
SSR05 links to G,H	<b>Partnership Working</b> - inadequate partnership arrangements with all partners including the Council and Health Board and commissioned service providers including NHS GG&C for acute services, the third sector and other commissioned providers. This would be as a result of lack of clarity around roles and responsibilities and the ability of the IJB to articulate commissioning intentions for all services.	This may lead to duplication of effort, poor relationships and the inability to effectively negotiate the IJB's position. The partnership may be viewed as failing or not achieving objectives, leading to reputational damage and loss of confidence in IJB and all partners.	4 -Likely	4 - Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>oIntegration Scheme recently reviewed outlining roles and responsibilities signed off March 2021</li> <li>oIndependent scrutiny arrangements in place and work of internal audit, including assurance mapping.</li> <li>oRepresentation on IJB from both partner bodies.</li> <li>o Tri-partite Joint Leadership meetings</li> <li>oClear channels of communication and information sharing protocols in place</li> <li>oChief Officer member of both Council and Health Board Senior Management Teams and has overall strategic and operational responsibility for service delivery</li> <li>oDirections are issued to partners in line with strategic direction and operational delivery of services and training delivered on use of Directions.</li> <li>oStrategic Planning work with Commissioned Service providers to be clear around the IJB requirements and commissioning intentions</li> <li>oThird Sector representation on the IJB</li> <li>oRegular meetings with NHS GG&amp;C and Scottish Ambulance Service</li> </ul>	3 - Possible	3 - Moderate	<b>MEDIUM 9</b>	<ul style="list-style-type: none"> <li>oOngoing work required with NHS GG&amp;C to agree financial impact of IJB commissioning intentions</li> <li>oAlignment of roles and responsibilities through the code of corporate governance</li> <li>oTraining for new Board members on this is required</li> <li>oShift from annual grant funding to longer term contracts to facilitate longer term security / planning</li> </ul>	Chief Officer
SSR06 links to E,J	<b>Infrastructure and Assets</b> - assets remain under the ownership of the Council and Health Board, there is a risk that these do not meet the current and future requirements due to underinvestment in property maintenance and are not being used or managed efficiently and effectively. The IJB do not have full control/flexibility over assets.	This may result in assets not being maintained or put in place to support the IJB's strategic outcomes and do not aid effective service delivery.	4 - Likely	3 - Moderate	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>o Progressed co-location in Lochgilphead</li> <li>o Represented on Council and NHS Highland Asset Management Boards</li> <li>o Partnership working to reflect joint planning approach with membership of both partner asset groups</li> <li>o Regular joint infrastructure meetings to support digital service delivery</li> <li>o further colocation planned</li> </ul>	3 - Possible	3 - Moderate	<b>MEDIUM 9</b>	<ul style="list-style-type: none"> <li>oHSCP Digital / IT strategy to be developed by 2022</li> <li>oScope for rationalisation through increase in home working</li> <li>o Strategic mapping of assets required resulting in medium term plan for new / updated assets which can then be agreed with Council and NHS Highland</li> </ul>	Chief Officer, Head of Strategic Planning and Performance

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SSR07 links to B,D,E,H	<b>Sustainability of commissioned service providers</b> - financial and operational sustainability of care at home and care home commissioned service providers as a result of financial and workforce pressures.	Market failure would lead to disruption of service, the implementation of contingency plans, increased costs and an adverse impact on individuals and their families. Would also impact on the ability of the IJB to deliver on the planned shift in the balance of care.	5 - Almost Certain	5 - Extreme	<b>VERY HIGH 25</b>	<ul style="list-style-type: none"> <li>oCommissioning team supplier relationship and market management, including contract management and review processes and ongoing solvency checks as part of contract management</li> <li>oAdditional funding for providers to facilitate the implementation of the Living Wage and Fair Work Practices</li> <li>oEngagement with national work supporting the retention of the National Care Home Contract</li> <li>oContingency planning in localities for care at home during the pandemic. Care Home and Care at Home Assurance Group for Argyll and Bute (recently amended to encompass care at home) which looks at identifying and managing daily risks.</li> <li>oStrategically the Care Home Programme Board will assist planning ahead with forecasting demand, there is a Scottish Care Rep on both meetings. The contract with Scottish Care is now being managed by Head of Service and there is a clear work plan in place.</li> <li>oThere is a Care Home Task Force communicating with Independent Providers.</li> <li>oEngagement with national workforce planning and local training providers around promotion of the caring profession</li> </ul>	5 - Almost Certain	4 - Major	<b>VERY HIGH 20</b>	<ul style="list-style-type: none"> <li>o Continuing work with providers to implement new patching model which works better for them and us</li> <li>o ongoing engagement nationally with financial sustainability plans from end of June 2021 to March 2022 and delivery of these, and consideration of need for further local support</li> <li>o Delivery of a Strategic Commissioning Plan based on Joint Strategic Needs Assessment</li> <li>o development of winter plan in the Autumn</li> <li>o response to the Mental Welfare Commission report on S13ZA and AWI discharges – action plan and training is required.</li> </ul>	Heads of Adult Care, Head of Strategic Planning and Performance
SSR08 links to A	<b>Equalities</b> - service are not delivered in a way that addresses inequalities.	Service users are put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.	4 - Likely	3 - Moderate	<b>HIGH 12</b>	<ul style="list-style-type: none"> <li>oEqualities Outcomes Framework in place</li> <li>oEqualities impact considered as part of IJB decision making</li> <li>oEquality Impact Assessment are carried out for all service changes including Transformation and Savings Plans with agreed process to revert back to IJB.</li> <li>oCommunication with service users as part of implementation of service change using engagement and communication strategies.</li> <li>oAdjustments to implementation plans are actioned where appropriate to mitigate any potential negative impact.</li> <li>oService changes are not implemented where this would constitute unlawful discrimination.</li> <li>oEQIAs all published on websites of parent bodies</li> </ul>	3 - Possible	3 - Moderate	<b>MEDIUM 9</b>	<ul style="list-style-type: none"> <li>o Need to evidence EQIAs better and update them as required</li> </ul>	Chief Officer
SSR09 links to B,C,D,E,F,I,J	<b>Scottish Government Policies</b> - risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on the Strategic Plan, examples include Independent Review of Adult Social Care, Continuing Care, the Living Wage, the Carers Act, and other future policy developments.	Inability to deliver SG policies alongside the Strategic Plan and IJB's agreed objectives and the impact of additional unfunded cost pressures.	5 - Almost Certain	4 - Major	<b>VERY HIGH 20</b>	<ul style="list-style-type: none"> <li>oHorizon scanning for policy developments through partners and SMT network groups</li> <li>oRegular liaison with senior officers in the Scottish Government and through Cosla Groups</li> <li>oRespond to Scottish Government information requests on impact of future policies</li> <li>oEarly impact assessment locally for national policies, including any impact in budget outlook/Implement and adopt innovative ways of implementing policies</li> <li>oRole of Elected Members and IJB members to influence Scottish Government decision making through political routes</li> </ul>	4 - Likely	3 - Moderate	<b>HIGH 12</b>	<ul style="list-style-type: none"> <li>o Carers Act officer in post and working on plans to implement the objectives of the Carers Act</li> <li>o engagement continuing through professional networks to respond to IRASC</li> <li>o strengthen relationships with Cosla through using our Board representatives</li> </ul>	Chief Officer

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SSR10 links to B,C,E,H,I,J	<b>Workforce Recruitment and Retention</b> - inability to recruit and retain the required workforce because of national workforce challenges and local challenges particularly in remote and rural areas and for clinical specialties. This leads to increased costs from reliance on medical locums and agency staff, not only for the IJB but also for commissioned service providers.	Service users needs may not be met if workforce is not in place.	5 - Almost Certain	5 - Extreme	<b>VERY HIGH 25</b>	<ul style="list-style-type: none"> <li>oJoint Workforce planning - Strategic Workforce Planning Group to ensure overall visibility of recruitment, retention and development challenges across HSCP</li> <li>oDevelopment and roll out of community team standards</li> <li>oContingency plans for clinical posts to reduce reliance on medical locums</li> <li>oService re-designs to plan for changes to services in line with workforce capacity</li> <li>oTargets for new Modern Apprentices to reduce average age of workforce</li> <li>oSupport commissioned service providers with recruitment and retention, for example supporting implementation of Living Wage</li> <li>o Medical Workforce Productivity workstream led by NHS Highland assisting with hard to fill medical vacancies and recruitment</li> <li>o links with Open University assisting recruitment of students</li> </ul>	4- Likely	4 - Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>oDevelop overall Workforce Plan to support Strategic Plan</li> <li>oRoll out of iHub work in Oban to other localities</li> <li>oExplore further opportunities for Growing our Own, and supporting CPD</li> <li>oAction planning informed by Sturrock Report, legislation on safe staffing</li> <li>o Continue to seek reduced reliance on reduced reliance on locum and agency staff</li> <li>o greater joined up recruitment across public sector to increase attractiveness to families and addressing housing shortages</li> </ul>	Head of Customer Support Services
SSR11 links to B,E,F,J,K	<b>Communications and Engagement with Communities</b> - risk of inadequate arrangements in place to communicate with wider communities and partners as a result of gaps between the IJB requirements and strategic direction and the expectation of service need from communities.	Could result in failure to gain community support for service changes and ineffective partnership working with communities.	5 - Almost Certain	4- Major	<b>VERY HIGH 20</b>	<ul style="list-style-type: none"> <li>oCommunication and Engagement Strategies delivered but require to monitor practice through assurance frameworks. oOpenness and transparency of publicly available information</li> <li>oCommunications events and information widely available to engage stakeholders in conversations about service changes and the need for change.</li> <li>oEngagement with politicians to ensure the Argyll and Bute position is shared and understood.</li> <li>oLocality Planning Groups and other forums are used to communicate with communities and explore new ways of getting the IJB message across (including MH advocacy groups, carers centres etc).</li> <li>oCommunication plans developed as part of implementation of service changes</li> <li>oPlanning for further consultation</li> </ul>	5 - Almost Certain	4- Major	<b>VERY HIGH 20</b>	<ul style="list-style-type: none"> <li>oSupport local ownership of communications and engagement</li> <li>oContinue roll out of social media use at a local level</li> <li>oOngoing review of Communications and Engagement Strategy. Take stock following review of Annual engagement plan at IJB in June</li> <li>o deliver communication and engagement plans within guidelines. Ensure conforms to SG guidance "Planning with People"</li> </ul>	Associate Director Public Health, Communications team
SSR12 links to B,E,F,J,K	<b>Workforce Shift</b> - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration.	This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care, full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.	4 - Likely	4 - Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>oJoint Partnership Forum and Staffside Liaison facilitate communications and information flow between management to staff side and Trade Unions</li> <li>oCommunications plan for each service change project, including staff as stakeholders</li> <li>oSupport from staffside partnership to support staff with new ways of working with an integrated partnership approach.</li> <li>oCompliance with terms and conditions of employment for both staff groups</li> <li>oIndividual staff development plans and training programmes</li> <li>oWorkforce Planning</li> <li>oStaff surveys used to inform targeted improvement work with individual teams</li> <li>o Action plan in response to Sturrock and 6 local culture workstreams set up and progressing</li> <li>oStrengthened communication and cascade of information from Chief Officer</li> </ul>	4- Likely	4- Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>oClarity over role and function of teams working in our communities. This will be progressed through the Adult Planning and Implementation Group. Where necessary and where teams are struggling with role, OD support will be offered to Area Managers to support teams.</li> <li>o ongoing work of the 6 culture workstreams</li> <li>o implementation of the Once for Scotland policies and training in these</li> <li>o production of annual and 3 year workforce plans to be completed</li> <li>o increased focus required on progressing with redeployments of staff who are supernumerary</li> </ul>	Chief Officer

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SSR13 links to B,C,D,E,J	<b>Service Delivery</b> - ineffective leadership and management of services and resources	Patients and service users receive poor service. Fail to meet agreed performance levels.	4-Likely	4 - Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>o Clinical and Care Governance Framework and Committee in place to hold to account the quality of existing services</li> <li>o Professional representation at SMT and the IJB</li> <li>o Role of Chief Social Work Officer</li> <li>o Performance management framework and service delivery plans ensure a focus on performance and achievement of strategic objectives with regular reporting to IJB.</li> </ul>	3 - Possible	3 - Moderate	<b>MEDIUM 9</b>	o New Integrated Performance Management regime in process of delivery	Chief Officer
SSR14 links to A,B,H,J	<b>Safety of Services</b> - inability to maintain the safety of services due to demographic changes, financial pressures, the ability to recruit to clinical posts and the changes to the workforce profile.	This may result in harm to service users or patients, the failure to provide appropriate care and reputational damage to the IJB and partners.	3 -Possible	5 - Extreme	<b>HIGH 15</b>	<ul style="list-style-type: none"> <li>oClinical and Care Governance Committee</li> <li>oRisk Management Strategy recently updated and operational risk management arrangements</li> <li>oClinical and professional leadership</li> <li>oTriggers for service re-designs including ensuring clinical safety is not compromised</li> <li>oPrioritisation of need frameworks in place to determine need for access to services</li> <li>oDevelop and implement contingency arrangements for localities and services</li> </ul>	2-Unlikely	4- Major	<b>MEDIUM 8</b>		Lead Nurse/Chief Social Worker
SSR15 links to A,B,H,I	<b>Waiting Times</b> -failure to meet waiting times taargets and treatment times guarantees for treatment in specialities in NHS GG&C and outreach clinics in Argyll and Bute. Waiting timeshave already increased due to Covid-19 pandemic. Further increase may be due to the operation of clinics no longer being affordable or sustainable and the impact of SLA negotiations with NHS GG&C.	This would result in a poor level of service for patients, the potential to have to travel further for appointments, and is not in line with the anticipatory and preventative approach to care.	4-Likely	4 - Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>o Continued engagement with NHS GG&amp;C to agree a strategic jointly planned approach to outreach services</li> <li>o Monitoring and reporting of waiting times</li> <li>o Development of new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care or AHP professionals</li> <li>o Offer alternative sites to patients</li> <li>o Plans for use of Waiting List initiative funding</li> </ul>	3 - Possible	3 - Moderate	<b>MEDIUM 9</b>	oInclusion in NHS Highland Remobilisation plan of request for additional funding to redesign services and address backlog over next 2 years. Initiatives include increasing virtual clinics/services, digital and appointment modernisation, enhanced role of AHPs and waiting times initiatives additional clinics. Cover mental health, CAMHS, Acute and AHPs oThe development of Near Me and Outreach Clinics needs further scoped across all sites/clinics following the pandemic.	Heads of Service
SSR16 links to A,B,C,D,E,F, G,H,I,J,K	<b>Support Services</b> - risk that support services do not adequately support integrated front line service delivery. Inability to integrate support services which are not fully delegated to the IJB, including IT, HR, Finance, Governance, Communications, Improvement & Performance, Procurement and Commissioning, Legal Services etc. Continued reliance on two systems, processes and approaches may lead to confusion and ongoing inefficiency. Risk that partners will not support any changes to current arrangements.	Could adversely affect services experienced by patients and service users if support services cannot fully support front line services	4-Likely	4- Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>oRange of system workarounds in place to ensure business as usual</li> <li>oCo-location of staff underway in place in some locations</li> <li>oSome IT systems integrated and further plans to review this and to facilitate access to joint systems</li> <li>oRollout of MS Teams very fast in March 2020 - IT services are much improved as a result</li> <li>o Committee support arrangements in place</li> <li>o in general arrangements are well embedded and working well except in relation to HR recruitment</li> </ul>	4- Likely	3 - Moderate	<b>HIGH 12</b>	oReplacement programmes for new systems Social work, Hospital Telecoms, and portal (link systems) funded and in place. oMS Teams federation with A&B Council 2021/22 oDevelopment of corporate services agreement with partners o Need to improve HR support for recruitment processes where lengthy delays are being experienced	Heads of Service
SSR17 links to A,B,C,D,E,F, G,H,I,J,K	<b>New General Medical Services Contract</b> - risk that the HSCP are not in a position to appropriately support the implementation of the new GP contract as a result of the availability of funding and capacity for the HSCP to deliver services transferred from GPs. Higher risk of implementation specifically across remote and rural areas.	Could adversely affect services experienced by patients as gaps in service may arise. Potential for negative impact on relationships with Primary Care - who are key to delivery of services within our local hospitals	4-Likely	4 - Major	<b>HIGH 16</b>	<ul style="list-style-type: none"> <li>oOngoing collaboration between the HSCP and Primary Care to support practices</li> <li>oNationally agreed extension of 1 year for delivery</li> <li>oPrimary Care Modernisation Board with priorities established and Programme Manager in place until Autumn 2021</li> <li>oBoard has recommended post Covid with revised schedule of more frequent meetings and timelines established</li> <li>oRegular updates on progress to Transformation Board and the IJB, constructive progress being made pharmacotherapy, physiotherapy and mental health workstreams</li> </ul>	3-Possible	3 - Moderate	<b>MEDIUM 9</b>	oNew Head of Primary Care being recruited which will add capacity. oLinking with Covid-19 work on vaccination	Associate Medical Director

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SSR18 links to A,B,C,D,E,F, G,H,I,J,K	<b>Business Continuity</b> risks including responding to Emergencies, Impact from EU Exit	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation	4 - Likely	5 - Extreme	<b>VERY HIGH 20</b>	<ul style="list-style-type: none"> <li>oRegular testing of emergency scenarios</li> <li>oRecent outage of SWAN network affecting IT systems for large part of area</li> <li>oResponse to Covid-19 pandemic</li> </ul>	4-Likely	4- Major	<b>HIGH 16</b>	Digital / IT & Telecoms infrastructure enhanced 2021/22 - Additional SWAN network and replacment hospital telephone system by June 2021	Associate Director of Public Health; Head of Strategic Planning & Performance
SSR19 links to A,B,C,D,E,F, G,H,I,J,K	<b>Covid-19</b> - risks of further waves of infection	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation	4-Likely	5 - Extreme	<b>VERY HIGH 20</b>	<ul style="list-style-type: none"> <li>o there is an effective vaccination programme in place and we follow public health guidance and evidence that.</li> <li>o experience and project planning of previous mobilisation from first and second waves</li> </ul>	4-Likely	4-Major	<b>HIGH 16</b>		All Directors and Heads of Service
SSR20 links to A,B,C,D,E,F, G,H,I,J,K	<b>Culture</b> - risks from impact of negative reports around organisational culture following Sturrock report	Adverse impact on reputation and ability to recruit. Also impacts on service delivery if teams are unhappy or short staffed as a consequence	4-Likely	5 - Extreme	<b>VERY HIGH 20</b>	<ul style="list-style-type: none"> <li>o Culture Oversight Board and local A&amp;B Culture Group in place with 6 workstreams</li> <li>o Whistleblowing process in operation</li> <li>o Guardian Service in operation - independent and confidential</li> <li>o extensive roll out of courageous conversations training</li> </ul>	3 - Possible	3 - Moderate	<b>MEDIUM 9</b>	<ul style="list-style-type: none"> <li>o continued work of A&amp;B Culture Group and 6 associated workstreams</li> <li>o need to ensure that it covers whole of HSCP including social care</li> </ul>	Chief Officer

Note : Cross references under column A link to strategic objectives - see first tab