



<b>Meeting of East Renfrewshire Integration Joint Board</b>	Performance and Audit Committee
<b>Held on</b>	24 September 2025
<b>Agenda Item</b>	11
<b>Title</b>	IJB Strategic Risk Register
<b>Summary</b>  This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>  Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.	

**East Renfrewshire Integration Joint Board****Performance and Audit Committee****24 September 2025****Report by Chief Financial Officer****Ijb Strategic Risk Register Update****Purpose of Report**

1. This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.

**Recommendation**

2. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

**Background**

3. In accordance with the agreed monitoring policy this report provides the Performance and Audit Committee with an update on the strategic risk register.
4. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.
5. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

<b>Likelihood</b>	<b>Score</b>								
Certain	<b>4</b>	Low (Green)		Medium (Yellow)		High (Red)		High (Red)	
Likely / probable	<b>3</b>	Low (Green)		Medium (Yellow)		Medium (Yellow)		High (Red)	
Possible / could happen	<b>2</b>	Low (Green)		Low (Green)		Medium (Yellow)		Medium (Yellow)	
Unlikely	<b>1</b>	Low (Green)		Low (Green)		Low (Green)		Low (Green)	
<b>Impact</b>		<b>Minor</b>	<b>1</b>	<b>Significant</b>	<b>2</b>	<b>Serious</b>	<b>3</b>	<b>Major</b>	<b>4</b>

6. In normal circumstances the policy states the tolerance for risk is as follows:

<b>Risk Score</b>	<b>Overall rating</b>
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

**Report**

7. The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 25 June 2025. Since last reported there has been little change to the risk register, however risk control measures have been reviewed and updated to reflect any proposed mitigation which has been completed, or where the expected date for completion has been extended.
9. Work with both partners is ongoing and we will look at the policy and reporting of the strategic risk register as part of our governance review.
10. In addition, members are asked to note the following:-
  - No new risks have been added
  - No risks have been removed
  - No risk scores have changed
  - One risk remains red post mitigation (Financial Sustainability)

**Workforce**

11. Our workforce plan will be included as part of our combined one year delivery plan.

**Care at Home Service (11)**

12. The actions have been updated to reflect that work continues to stabilise and strengthen our care at home provision. We are progressing into phase 2 with a focus on workforce planning, commissioning and service redesign to improve outcomes and sustainability. Further detail is available in the report to September IJB.

**Business Continuity, Covid-19 and Recovery (13)**

13. We know we will not go live in October given the capacity and technical challenges we have recently experienced. This has been mitigated by additional capacity for the project, by realigning posts and recruiting to specific vacancies. The timetable is currently being revised at a check point day with The Access Group, the system suppliers, and will be confirmed shortly. The Chief Financial Officer's expectation is that this will be implemented before the end of March 2026.

**Post Mitigation - Red and Significant Risks Exception Report**

14. Risks which score between 11-16 and rated as High/Red/Unacceptable and those which the Health and Social Care Partnership Management Team considers significant, following mitigation, should be brought to attention of the Performance and Audit Committee by an 'exception report'.

### Financial Sustainability

15. The medium and longer term financial outlook remains a significant risk that the HSCP could become unsustainable due to any of the following causes:
  - Unable to deliver required savings on a recurring basis
  - Unable to remain within operational budget as a result of demand and capacity pressures
  - Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings
  - Implications from hosted services should current arrangements change
  - Prescribing volatility
  - Diminished reserves limit flexibility
16. Discussions with both partners remain ongoing, not only to recognise the audit recommendation around financial sustainability but also to focus on financial recovery following the non-recurring support for 2023/24 and 2024/25.

### **Recommendations**

17. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

### **Report Author and Person to Contact**

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10 September 2025

Chief Officer, IJB: Alexis Chappell

### **Background Papers**

[PAC Paper: June 2025: IJB Strategic Risk Register Update](#)

[IJB Paper: January 2020: IJB Risk Management Policy and Strategy](#)

## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 10.09.2025

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner
					Risk Score	Overall rating							
					Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI)						
					11-16	HIGH				Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI)	
					5-10	MEDIUM							
					1-4	LOW							

n/a	1	C	Death or significant harm to vulnerable individual										
			<p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"><li>- Loss of life or long term damage and impact on service user &amp; family.</li><li>- Possible perception of failure of care.</li><li>- Poor workforce morale.</li><li>- Reputational damage.</li></ul>	<p>Supporting People Framework (eligibility criteria) in place.</p> <p>Social work and nursing professional leadership in place</p> <p>Operate within Clinical and Care Governance Framework</p> <p>ASP Quality Assurance Framework implemented</p> <p>Quality assurance of Adult Service Improvement Plans</p> <p>Senior Management rota for chairing ASP implemented</p> <p>Continual audit against compliance of MHO standards</p> <p>Professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across health and care services.</p> <p>Rolling training programme.</p>	3	3	9	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p> <p>Implement ASP improvement plan 2025-27</p> <p>Robust caseload management process will be prioritised 4 weekly, along with clinical supervision and child protection supervision to manage risk and ensure oversight of all caseloads</p>	<p>Ongoing</p> <p>31/03/2027</p> <p>Ongoing</p>	2	3	6	<p>Head of Adult Services / Chief Social Work Officer</p>

				Modified Universal pathway is in place to increase capacity within the HV team to manage caseloads and HV weekly staffing safety huddle in place to manage risk.  2023-25 ASP Improvement Plan implemented.									
n/a	2	S	<b>Scottish Child Abuse Inquiry</b>										
			Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care or long-term hospital care  Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses	Adult Protection and Child Protection Committees sighted on issues.  Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. Further information submitted in Jan-22.  Key learning from S21 work shared with managers  Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.  Chief Officer and Head of Service supporting NHSGGC Board in connection with Lennox Castle	3	3	9			3	3	9	Chief Social Work Officer
n/a	3	C	<b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>										
			Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and MAPPA (Multi-Agency Public Protection Arrangements)) may	The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.  "Safe Together" model implemented in HSCP and rolled out across Council	2	4	8	Implement ASP improvement plan 2025-27	31/03/2027	1	4	4	Chief Social Work Officer

			result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.	Regular reporting to COPP in place for adult, children and high risk offenders.  Training programme reviewed and monthly ASP audits in place  2023-25 ASP Improvement Plan implemented									
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	4	C	Financial Sustainability										
			<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</p> <p>4) Financial Impacts relating to Brexit and wider economic issues or government led changes such as national insurance rates. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation.</p> <p>5) Financial risks relating to longer term financial impact of Covid-19 which remains unclear.</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p> <p>7) Diminished earmarked reserves meaning there is no flexibility to allow us to deal with prescribing and other cost volatility in any one year. We are in breach of our reserves policy.</p>	<p>Regular financial advice and reporting provided to the IJB, including seminars, monitoring, savings progress and operational cost pressures. This ensures the IJB is aware of current issues.</p> <p>The regular budget updates and medium term financial plan (latest revision June 2025) set out funding pressures and scenarios. The HSCP is involved in various financial discussions with partners in relation to funding and budget contributions.</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including areas such as prescribing, hosted services, savings challenges and cost pressures.</p> <p>Review of hosted services is ongoing as part of a review of the integration schemes across NHS GGC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts.</p>	3	4	12	<p>Monitor and review hosted service arrangements – ongoing and longer term.</p> <p>Refresh Medium Term Financial Plan for any significant changes (annually as a minimum)</p> <p>Continue discussions with both partners in relation to funding and financial performance and service outcomes and focus on savings delivery.</p> <p>Develop and implement prescribing action plan for 2025/26</p>	<p>31/03/2026</p> <p>30/06/2026</p> <p>Ongoing</p> <p>31/03/2026</p>	3	4	12	Chief Financial Officer



n/a	5	S	Failure of a Provider											
			<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, contractual status, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"><li>- disruption to service delivery</li><li>- requirement to implement contingency plans</li><li>- impact on individuals and families with potential disruption to care arrangements</li></ul>	<p>Care Home assurance group meets weekly.</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place.</p> <p>Robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery.</p> <p>Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. .</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation</p> <p>We will work with the Scottish Government as part of national contingency planning in the event that providers indicate intention to withdraw from the national care home contract in the future</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> <p>Revised strategic Commissioning plan developed (approved by IJB August 2023 and monitored through Strategic Planning Group)</p>	3	4	12	Increased monitoring by Commissioning and Contracts service and/or respective Heads of Service	Ongoing		3	3	9	Chief Financial Officer / Heads of Service

	6	C	Access to Primary Care										
			Insufficient primary care practice list capacity (Due to accommodation challenges, new housing developments and increasing population)	NHSGGC Strategy for Primary Care launched 2024  Local HSCP accommodation strategy	3	3	9	Work with planning colleagues provide data to assist with LDP3 which includes developer contributions to mitigate for new housing and care home developments.  Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.  Working with NHSGGC to support GP practice sustainability	Ongoing  Ongoing  Ongoing	3	2	6	Clinical Director
5.1	7	S	Increase in frail older population										
			Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.	Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.  Unscheduled Care Delivery Plan approved by IJB in March-22.  Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.  New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment  Talking Points diverting people to community resources and building own assets.	4	3	12	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk  Link with Community Planning Partnership to explore community based services that support people to live and age well	Ongoing  31/12/2025	3	3	9	Chief Officer HSCP

			Project to support Care at Home redesign now live Supporting people framework implemented April 23 Monitoring includes analysis of waiting lists, admissions and incidents.  Completed review of equipment requests – management oversight and monitoring in place									
8	S	<b>Workforce Planning and Change</b>										
		<p>Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.</p> <p>Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid</p>	<p>Workforce planning group in place and includes 3<sup>rd</sup> / independent sector reps</p> <p>HSCP management team actively review all requests to recruit in line with our workforce plan</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p> <p>HSCP 3 year Workforce Plan developed</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.</p> <p>HSCP Staff Wellbeing programme in place</p> <p>Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.</p> <p>Interim MH workforce plan developed August 2023</p>	3	3	9	<p>Workforce Plan 2025-28 to be developed</p> <p>Strengthen reporting arrangements around all professional registrations.</p>	30/03/2025	2	3	6	Chief Officer HSCP

2.2	10	S	Increase in children & adults with additional support needs										
			Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services	Transitions service and strategy in place Transitions is also included in R&R Programme Analysis of demographic changes and increased financial forecasting is enabling us to plan more effectively.  Education Resource Group manage specialist resources and admission to specialist provision.  Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.  Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023. (Eligibility threshold increased to substantial/critical – Nov 2023)	3	3	9	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk	Ongoing	3	2	6	Chief Officer HSCP
n/a	11	C	In-House Care at Home Service										
			Inability to deliver services to a level that meet current demand and /or meet all statutory requirements	Increased resource to support robust absence management.  Scheduling system (Total Mobile) in place  Work patterns realigned to maximise efficiencies.  Programme Board in place to provide oversight of planned care at home redesign	3	4	12	Implement phase 2 of the redesign Implement local framework for externally purchased care as per paper to IJB	31-05-2026	2	4	8	Chief Officer HSCP

	13	C	BUSINESS CONTINUITY, COVID19 & RECOVERY													
			<p>The significant impact of an emergency crisis on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC &amp; NHSGGC) response and recovery.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Accommodation group oversees strategy and demand, both planned and unplanned ensuring continued service delivery, both day to day and in the event of an emergency.</p> <p>Annual assurance statement to IJB as Category 1 responder.</p> <p>Sufficient staff trained as incident loggists in the event of emergency</p> <p>Well established covid procedures are in place and can be escalated if necessary.</p> <p>Process in place with partner ICT colleagues to address issues as required.</p> <p>Business Impact Assessments reviewed</p>	3	3	9	<p>Identify additional staff to be trained to ensure sufficient trained Incident Officers and rest centre managers</p> <p>Move to phase 2 care at home redesign at IJB 25<sup>th</sup> September 2025</p> <p>Move towards a sustainable care model planned at IJB November 2025</p> <p>Go live of the new Case Recording System (Mosaic) (Cloud based)</p>	31/12/2025	Sept 25	Nov 25	31/03/2026	2	3	6	All Heads of Service

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