





| Meeting of East Renfrewshire Integration Joint Board Held on | Integration Joint Board 27 September 2023 |
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| Agenda Item | 12 |
| Title | IJB Strategic Risk Register Annual Update 2023 |

Summary

This report provides the Integration Joint Board with the annual update on the IJB Strategic Risk Register.

The risk register is reported to all Performance and Audit Committee meetings.

Action Required

The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.



EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 September 2023

Report by Chief Financial Officer

IJB STRATEGIC RISK REGISTER ANNUAL UPDATE

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with an update on the IJB Strategic Risk Register.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

BACKGROUND

3. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risks to make it a useful working document. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

| Likelihood | Score | | | | | | | | | |
|-----------------------|-------|------------|----|---------------|-----|-------------|-------|---------------|-----|--|
| Certain | 4 | Low (Green | า) | Medium (Yello | ow) | High (Red | d) | High (Red) | | |
| Likely/probable | 3 | Low (Green | า) | Medium (Yello | ow) | Medium (Ye | llow) | High (Red) | | |
| Possible/could happen | 2 | Low (Green | า) | Low (Green | 1) | Medium (Ye | llow) | Medium (Yello | ow) | |
| Unlikely | 1 | Low (Green | า) | Low (Green | 1) | Low (Green) | | Low (Green | i) | |
| Impact | | Minor | 1 | Significant | 2 | Serious | 3 | Major | 4 | |

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

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

REPORT

5. The Performance and Audit Committee receive updates on the IJB Strategic Risk Register at each meeting. Any additions, deletions and changes to the register are reported to the Performance and Audit Committee detailing the reason for each change. A brief summary of the main changes since the Strategic Risk Register was last reported to the IJB in September 2022 are included in this report, however the full audit trail is detailed in the individual Performance and Audit Committee reports available online.

Summary of main changes

- 6. Since last reported to the Integration Joint Board in September 2022:-
 - All risk control measures have been reviewed and updated where necessary as detailed within Performance and Audit Committee reports.
 - All risk scores have been reviewed and whilst these may have fluctuated over the year, compared to the September 2022 IJB annual update;
 - 1 risk score has increased
 - 4 risk scores have reduced
 - No new risks have been added
 - No risks have been removed

Increase in frail older population

7. The current risk score has increased from 9 to 12. This is due to the increasing demand and complexity, particularly within our older population and the resultant increased in demand for health and social care services. There are specific pressures on social care, equipment and rehabilitation which is currently significantly impacting on our budget for these service areas.

Workforce Planning and Change

8. This score was reduced from 16 to 12 in June 2023 as we were successful in appointing a Consultant within our Mental Health Team which reduced the overall risk, however the risk does remain high due to the ongoing capacity constraints and challenges within mental health services.

Children and Adults with Additional Support Needs

9. This score was reduced from 12 to 9 in March 2023 following recruitment to our transitions service and the implementation of the new transitions strategy.

Failures within IT System

10. This score was reduced from 6 to 4 in June 2023 as there have been fewer incidents of critical information not being received and our Business Continuity plan details alternative methods of communication where necessary. The ERC IT help desk system has also been updated and has improved the efficiency of resolving ICT related issues.

Business Continuity, Covid-19 and Recovery

11. This score was reduced from 12 to 9 in June 2023 given the recovery position. Should we require, we will reinstate our local HSCP resilience meetings. We have restarted our weekly huddles as we approach the coming winter. Work is also planned to review business continuity plans and undertake a desktop scenario this year.

Red and significant risks

- 12. Risks which score between 11-16 and rated as High/Red/Unacceptable post mitigation and those which the Health and Social Care Partnership Management Team considers significant are brought to the attention of the Performance and Audit Committee by an 'exception report'. There are two risk which are currently red post mitigation:-
 - Financial Sustainability: Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economic climate and the cost and demand pressures the HSCP is facing. We still don't know the longer term impact of Covid-19. In addition to operational cost pressures we also need to achieve just over £7 million recurring savings by 31 March 2024.
 - Although Failure of a Provider and Increase in Frail/Older Population are scored as 9 (medium) post mitigation, they are considered to be significant risks given the potential impact on service delivery.

IMPLICATIONS

13. There are no implications arising as a result of this paper.

DIRECTIONS

14. There are no directions arising as a result of this paper.

CONCLUSIONS

15. The Integration Joint Board will continue to receive an annual update on the IJB Strategic Risk Register and Performance and Audit Committee will continue to review at each meeting.

RECOMMENDATIONS

16. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

REPORT AUTHOR AND PERSON TO CONTACT

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12 September 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: 22.09.2022: Strategic Risk Register Annual Report

https://www.eastrenfrewshire.gov.uk/media/8155/IJB-Item-13-21-September-2022/pdf/IJB_Item_13_-

21 September 2022.pdf?m=637983202036900000

IJB Paper: 22.09.2021: Strategic Risk Register Annual Report

https://www.eastrenfrewshire.gov.uk/media/6324/IJB-Item-16-22-September-2021/pdf/IJB_Item_16_-

22 September 2021.pdf?m=637672968724570000

IJB Paper: 29.01.2020: Risk Management Policy and Strategy

https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration Joint Board Item 14 - 29 January 2020.pdf?m=637284294607930000

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 06.06.2023

| Ref | | 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 | 11-16 HIGH 5-10 MEDIUM 1-4 LOW Likelihood Impact Risk | | v) rating | Proposed Risk Control Measures (should be SMART with detail included) | Completion date for proposed Risk Control Measure | Risk (with proposed control | | | Risk Owner |
|-------|---|---|---|--|---|---------------------------|------------------------|--|---|----------------------------------|---------------------------|------------------------|---|
| | | | | | Likelihood (probability) L | Impact (Severity) I | Risk Score (LxI) | | | Likelihood (probability) L | Impact (Severity) I | Risk Score (LxI) | |
| n/a 1 | 1 | S | Death or significant har | m to vulnerable individual | | | | | | | | | |
| | | | Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions. Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage. | Supporting People Framework (eligibility criteria) agreed. Social work and nursing professional leadership in place Operate within Clinical and Care Governance Framework ASP Quality Assurance Framework continues to be implemented and reported to APC Quality assurance of Adult Service Improvement Plans Senior Management rota for chairing ASP implemented Continual audit against compliance of MHO standards Professional supervision policy adopted for social work and social care staff. Review of rising demands and pressure points across health and care services. Rolling training programme. | 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 Implement any recommendations from the Joint Inspection of Adults at Risk of Harm (Report due 27.6.23) | 30/09/2023 | 2 | 3 | 6 | Head of Adult Services / Chief Social Work Officer |

| 4.4 | 2 | S | Scottish Child Abuse Inquiry | | | | | | | | , | | |
|-----|---|---|---|--|---------|-------|----|--|------------|---|---|---|---------------------------------|
| 4.4 | | 5 | Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care. Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses | Adult Protection Committee and Child Protection Committee have been sighted on these issues. Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry requested further information which was submitted in Jan-22. The Inquiry will begin to take evidence from Jun-22 onwards – it is unclear at this point whether ER will be cited to appear before the inquiry 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. | 3 | 3 | 9 | | | 3 | 3 | 9 | Chief Social Work Officer |
| 4.1 | 3 | S | Child Protection, Adult protection | । n and Multi-Agency Public Protectio। | n Arran | gemen | ts | | | | | | |
| | | J | Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards. | 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 Regular reporting to COPP in place for adult, children and high risk offenders. | 2 | 4 | 8 | Review programme of quality assurance and training Implement any recommendations from the Joint Inspection of Adults at Risk of Harm (Report due 27.6.23) | 31/12/2023 | 1 | 4 | 4 | Chief Social Work Officer |

| | | | | <u> 15</u> | <u> </u> | | | | | | | |
|---|---|---|--|------------|----------|----|---|---------------------|---|---|----|-----------|
| 4 | С | Financial Sustainability | | | | | | | | | | |
| | | Risk of being unsustainable due | The CFO provides regular financial | | | | Monitor hosted service | 31/03/2025 | | | | |
| | | to one of the following causes: | advice and reporting to IJB, including | | | | arrangements – ongoing and | | | | | |
| | | | savings progress and operational cost | | | | longer. | | | | | |
| | | 1) Unable to deliver in full the | pressures. | | | | | Ongoing | | | | |
| | | existing savings and achieve new savings to deliver a | Monitoring for COVID 19 related costs | | | | Refresh Medium Term Financial | 011801118 | | | | |
| | | balanced budget and/or unable | will be maintained following cessation | | | | Plan for any significant changes | | | | | |
| | | to meet demand pressures for | of support funding so we can inform | | | | during 2023/24 (including impact | | | | | |
| | | statutory services. This is | future planning. | | | | of fuel, utilities, pay award, | | | | | |
| | | further impacted by the | rature planning. | | | | prescribing short supply and | | | | | |
| | | diminished earmarked reserves | Budget seminars are held with IJB | | | | other inflation costs) along with all other implications emerging | | | | | |
| | | held. This will require in year | Members. | | | | or crystallising during the year. | | | | | |
| | | funding discussions with | | | | | or crystallising during the year. | | | | | |
| | | partners | The regular budget updates and | | | | Continue to develop the tri- | Ongoing | | | | |
| | | | medium term financial plan set out | | | | partite financial planning | | | | | |
| | | 2) Unable to influence future | funding pressures and scenarios. The | | | | discussions with partners as | | | | | |
| | | funding to recognise | HSCP is involved in the budget setting | | | | included in our Strategic | | | | | |
| | | demographic and other | process with each of our partners. | | | | Improvement Action Plan. | | | | | |
| | | pressures, or realise future | Medium Term Financial Plan latest | | | | · | | | | | |
| | | efficiencies & savings. | revision June 2023 | | | | Covid funding exit strategy is in | | | | | |
| | | 3) Unable to meet financial | Tevision June 2025 | | | | place locally to manage the | 31/03/2023 | | | | Chief |
| | | pressures within prescribing, | A local network and the National CFO | 3 | 4 | 12 | cessation of Covid support | | 3 | 4 | 12 | Financial |
| | | including influence of GP | Section meeting provide a discussion | | | | funding. | | | | | Officer |
| | | prescribers, including | and decision making forum for wider | | | | | 30/09/2023 | | | | |
| | | demographic changes, | issues impacting on partnerships, | | | | Benchmark our local position | 30/03/2023 | | | | |
| | | economic and distribution | including areas such as prescribing, | | | | with similar HSCP and / or | | | | | |
| | | factors. | hosted services, savings challenges | | | | national position and challenges | | | | | |
| | | | and cost pressures from service | | | | | | | | | |
| | | 4) Financial Impacts relating to | delivery. | | | | Implement actions from local | 31/03/2024 | | | | |
| | | Brexit and other wider | | | | | prescribing action plan | , , , , , , , , , , | | | | |
| | | economic issues. Financial risks | The use of earmarked reserves | | | | | | | | | |
| | | relate to staffing, purchase of | allowed us to deal with prescribing | | | | | | | | | |
| | | care, drugs, equipment, | and other costs volatility in any one year. This is diminished and we have | | | | | | | | | |
| | | consumables and food and | 1 * | | | | | | | | | |
| | | utilities/other inflation | limited reserves to support savings delivery over time. | | | | | | | | | |
| | | 5) Financial risks relating to | delivery over time. | | | | | | | | | |
| | | Covid-19 following cessation of | Review of hosted services is ongoing | | | | | | | | | |
| | | support funding, | and this is a longer term review across | | | | | | | | | |
| | | There remains financial | all six HSCPs within NHSGGC. | | | | | | | | | |
| | | implications to the IJB with | | | | | | | | | | |
| | | costs such as staff cover in any | | | | | | | | | | |
| | | service where an outbreak of | | | | | | | | | | |

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| the virus impacts on capacity. The longer term financial impact is unclear | Ongoing monitoring of wider economic factors and inflation impacts | | | | |
| 6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding. | Regular monitoring and planning combined with our reserves strategy, albeit diminishing, allows us to maximise funding streams. | | | | |

| 5.2 | 5 | С | Failure of a Provider | | • | • | • | | | | • | • | |
|-----|---|---|---|---|---|---|----|---|--|---|---|---|--|
| | | | 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. Consequences could include: - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements | Care Home assurance group meets weekly. Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support. We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place. We have robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery. Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation We will work with the Scottish Government as part of national contingency planning in the event | 3 | 4 | 12 | Implement the commissioning plan including reshaping and redesign of services. Increased monitoring by Commissioning and Contracts service (reviewed jun-23) Review outcome of Care Inspectorate improvement notice and tailor HSCP support accordingly (Establishment E) | 31/03/2024 Ongoing (Review- 30.09.2023) 14/08/2023 | 3 | 3 | 9 | Chief Financial Officer / Heads of Service |

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|---|-----------------|--|--|---|--|--|
| that providers indicate intention to withdraw from the national care home contract | | | | | | |
| Scotland Excel framework provides larger provider base to mitigate risk. | | | | | | |
| Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support. | | | | | | |
| Daily safeguarding as part of LSI into Establishment E | | | | | | |
| Revised strategic Commissioning plan developed (approved by IJB August 2023) | | | | | | |
| | | | | • | | |

| 6 C | C Access to Primary Care | | 1 | | | | | | | 1 | |
|-------|--|---|---|---|---|--|--|---|---|---|--------------------|
| | Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people. | Primary Care Improvement Plan agreed by IJB. Support Practices to amend catchment areas where appropriate Work with practices to maximise premises capacity to enable them to extend primary care team. | | | | Work with planning department to consider impact and seek 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 | Ongoing (reviewed Sep 23) Ongoing (reviewed Sep 23) | | | | |
| | Inability to recruit posts and shortage of locums resulting in poor access for local residents. GP Practice accommodation | Support to Practices through use of GGC Escalation framework. | 3 | 3 | 9 | measures and discuss and longer term options to increase capacity. Signpost new residents to Practices registering patients for postcode area. | Ongoing (reviewed Sep 23) | 3 | 2 | 6 | Clinica Directo |
| | capacity shortfall to provide care to increased list sizes and accommodate PCIP staff | | | | | Exploring revenue funded solutions around GP space in Newton Mearns and Neilston | Ongoing (reviewed Sep 23) | | | | |
| | Increased GP Practice workload due to increasing population and increased demand post pandemic | | | | | Working with NHSGGC to support GP practice sustainability | Ongoing (reviewed Mar 23) | | | | |

| local strategy Gloup and developing (covered man 23) | | | | Participating in NHSGGC Property Strategy Group and developing local strategy | Ongoing (reviewed Mar 23) | | | | | |
|--|--|--|--|---|---------------------------------|--|--|--|--|--|
|--|--|--|--|---|---------------------------------|--|--|--|--|--|

| 5.1 7 | С | Increase in frail older populat | ion | • | • | • | | | | • | | |
|-------|---|---|---|---|---|----|---|---------------------------------------|---|---|---|--------------------------|
| | | 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. Project to support Care at Home redesign now live Supporting people framework implemented April 23 Monitoring includes analysis of waiting lists, admissions and incidents. | 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 Strengthen management oversight of equipment requests | 30/09/2023 Ongoing (Review 31/03/24) | 3 | 3 | 9 | Chief Officer HSCP |
| 8 | С | Workforce Planning and Chan | ge | • | • | • | | | | | | |
| | | Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience. Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid | Workforce planning group in place and includes 3 rd / independent sector reps HSCP management team actively review all requests to recruit in line with our workforce plan Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency). Savings, Recovery and Renewal Programme monitors spend and efficiencies | 3 | 4 | 12 | Implement local mental health interim workforce plan Review voluntary redundancy expressions of interest and conclude process Strengthen reporting arrangements around SSSC registrations. (Recommendations from the short-life working group established Mar-22 – to be implemented) | 31/12/2024 | 2 | 4 | 8 | Chief Officer HSCP |

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|-----|----|---|---|---|---|---------------|---|--|----------|---|---|----------|--------------------------|
| | | | | HSCP 3 year Workforce Plan developed Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re- advertising vacant posts and close monitoring. HSCP Staff Wellbeing programme in place Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action. Interim MH workforce plan developed August 2023 | | | | | | | | | |
| 2.2 | 10 | С | Increase in children & adults | with additional support needs | | | | | | | l | <u> </u> | |
| 2.2 | | | 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 | Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood. Analysis of demographic changes and increased financial forecasting. Education Resource Group manage specialist resources and admission to specialist provision. Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist. The new Transitions service is fully recruited and strategy implemented. Transitions is also included in R&R Programme Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023 | 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 | 30/09/23 | 3 | 2 | 6 | Chief Officer HSCP |

| 5 | .3 1 | 1 | С | In-House Care at Home | Service | | | | | : | | | • | |
|---|------|---|---|---|--|---|---|---|--|-------------------------------------|---|---|---|------------------------|
| | | | | Ongoing pressures and limited service capacity impacts on service delivery and quality standards Impact on service users and carers | Increased resource to support robust absence management. Due to significant absence numbers Single base operating for Care at Home Ongoing quality assurance and monitoring activity. Winter frontline recruitment commenced Increased OT resource to maximise outcomes and reduce supports required New scheduling system (Total Mobile) in place Proposed service model agreed by DMT and Programme Board established which will provide oversight to care at home redesign Use of intermediate care beds to allow discharge from hospital Enhanced management oversight of hospital discharge | 2 | 4 | 8 | Conclude work to realign staff work patters in order to maximise resource Continuation of Total Mobile implementation Progress implementation of new practice model in line with organisational change Conclude Care at Home redesign by April 2024 | 30/09/2023 Ongoing Ongoing April 24 | 2 | 3 | 6 | Chief Officer HSCP |
| | 1 | 2 | S | Failures within IT Syster Critical information not been received due to failures in IT system Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues. | Specific email addresses can be added to whitelist if required. Emails can be manually released. Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise. New ICT ticket system which has made it easier and improved the speed of releasing blocked emails. Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway | 2 | 2 | 4 | Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure. | TBC | 2 | 1 | 2 | IT Business Partner |

| solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking. | | | | |
|---|--|--|--|--|
| HSCP continue to work with ICT BRMs for both partner organisations to highlight and address both intermittent and known ICT issues Business Continuity Plans outline alternative arrangements should there be an issue in relation to IT network. | | | | |

| 13 C B | BUSINESS CONTINUITY, | COVID19 & RECOVERY | | | | | | | | | |
|--|--|--|---|---|---|--|------------|---|---|---|--|
| T | The significant impact | Business Continuity and Operational Recovery | | | | Undertake annual review of | 31/12/2023 | | | | |
| oʻ | of an emergency crisis | Plans are in place and are reviewed by senior | | | | Business Continuity Plans | | | | | |
| oi su fo se di ao re | on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning. | management regularly. HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery. Increased communication and intelligence sharing with partners other statutory bodies implemented. Ongoing engagement and reporting with partner providers including Care Homes. 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. Annual assurance statement to IJB as Category 1 responder. Well established covid procedures are in place and can be escalated if necessary. | 3 | 3 | 9 | Review and identify additional staff to be trained to ensure sufficient trained Incident Officers and Loggists Undertake emergency scenario desktop exercise. | 31/12/2023 | 2 | 3 | 6 | |

| 14 | С | ANALOGUE TO DIGITAL | SWITCHOVER | | | | | | | | | |
|----|---|--|--|---|---|---|--|------------|---|---|---|--|
| | | Vulnerable adults left | Programme board established and full project | | | | There is a Capital Project | Ongoing | | | | |
| | | without access to | team in place to take forward the transition | | | | with our partner East | | | | | |
| | | Telecare as a means of | from analogue to digital. | | | | Renfrewshire Council to | | | | | |
| | | support due to accelerated switch from analogue to | HSCP Head of Service chairing programme board. | | | | manage replacement of analogue devices and peripherals within people's | | | | | |
| | | digital phone lines and | Analogue to digital implementation plan. | | | | houses. | | | | | |
| | | associated financial implications. | Digital ARC went live October 2022. Local Risk assessment group established | 3 | 3 | 9 | Monitoring global supply issues in relation to chip shortages | Ongoing | 2 | 3 | 6 | |
| | | | summer 2023 which looks for solutions to and developing a contingency plan | | | | Complete installation of all digital alarm units | 31/01/2025 | | | | |

