



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025**  
**REPORT ON: DHSCP STRATEGIC RISK REGISTER UPDATE**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: PAC24-2025**

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

## **2.0 RECOMMENDATIONS**

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the content of this Strategic Risk Register Update report, including the extract from the strategic risk register contained within Appendix 1.
- 2.2 Note the ongoing work, led by the Partnership's Senior Management Team, to revise the strategic risk register.
- 2.3 Instruct the Chief Officer to submit a report detailing proposed revised arrangements for recording, managing and reporting strategic risk across the IJB and the Health and Social Care Partnership to the IJB no later than 31 December 2025.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None

## **4.0 STRATEGIC RISK REGISTER UPDATE**

4.1 There have been no changes to the content of the Strategic Risk Register since the last report to PAC in May 2025 (article IX of the minute of the meeting of the Performance and Audit Committee held on 21 May 2025 refers). A full extract of the risk register is attached as Appendix 1 for information. Key points include:

- Six risks have a score of 20 or above (high risk categories), with four having the maximum score of 25: Staff Resource; Lack of Capital Investment in Health and Social Care Integrated Community Facilities (including Primary Care); Unable to Maintain IJB Spend; and Restrictions on Public Sector Funding.
- No new risks or archived risks have been identified since the last report. New risks regarding prescribing costs and fire safety are being fully developed as part of the review of the strategic risk register (see section 5).

## **5.0 REVIEW OF THE STRATEGIC RISK REGISTER**

5.1 The Senior Management Team has identified the need to undertake a review of arrangements for recording, managing and reporting strategic risk across both the IJB and the Health and Social Care Partnership. Current arrangements have evolved since the establishment of the IJB in 2016 in response to the IJBs own needs as well as recommendations made by Internal Audit and changes made in the corporate risk management systems in place within NHS Tayside and

Dundee City Council. However, recent developments have prompted a more focused review of arrangements to ensure that strategic risk management arrangements in both the IJB and the Partnership are fit for purpose, this has included:

- The outcomes of the 2025/26 budget setting process for the IJB and associated transformation and savings plans.
- Changes to the national legislative and policy landscape, with a focus on health and social care reform.
- The conditions faced by external providers of health and social care services, and significant concerns regarding sustainability within the third and independent sectors.
- The interface with both NHS Tayside and Dundee City Council in relation to key areas of strategic risk.

In addition, the Governance Action Plan contains a number of outstanding recommendations and actions relating to the risk management, with a focus on risk appetite, reporting and escalation (see report PAC26-2025 for further details).

5.2 The review will include:

- A comprehensive review of all risks currently contained within the strategic risk register, with a focus on:
  - Relevance – with the aim of rationalising the number of risks. This will also include ensuring a clearer separation between strategic risks for the IJB (related to the IJB’s strategic functions) and those for the Health and Social Care Partnership (Non-delegated operational delivery functions).
  - Horizon scanning – to identify new and emerging risks, including from the budget setting process and changing national policy landscape.
  - Fully updating risk descriptors, scoring and control measures.
- Fully incorporating risk appetite within the risk register format and reporting mechanisms, alongside revised risk categories (see section 5.3 for further detail).
- Updating the Risk Management Plan for submission to the IJB.
- Revising reporting formats and associated guidance for report writers, including the structure of strategic risk reports submitted to the IJB and PAC and the risk assessment element of the standard report template for the IJB.
- Consider the assurance interface with NHS Tayside and Dundee City Council where this relates to assurance to the IJB regarding relevant strategic risks.

In parallel to this process, the Senior Management Team will also be revising the arrangements within the Partnership for recording, managing and reporting strategic risks that relate to non-delegated operational delivery functions.

5.3 The review will be incorporate outputs from the IJB Development Session on Risk and Assurance held on 11 June 2025. At this session members agreed to rationalise the risk categories used by the IJB and adopt the following categories within the revised strategic risk register: Compliance/Legal/Regulatory; Reputational; Performance / Quality; Financial / Workforce. These revised categories are closely aligned to those used by NHS Tayside and the other IJBs in Tayside. Members also set risk appetite against these categories:

Risk Category	Risk Appetite
Compliance / Legal / Regulatory	Minimal

Reputational	Open
Performance / Quality	Cautious
Financial	Cautious
Workforce	Open

5.4 It is anticipated that the review process, as outlined in section 5.2, will be completed and reported to the IJB no later than the end of 2025.

## 6.0 POLICY IMPLICATIONS

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

## 7.0 RISK ASSESSMENT

7.1 No risk assessment is necessary for this report.

## 8.0 CONSULTATIONS

8.1 The Chief Officer, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

## 9.0 BACKGROUND PAPERS

9.1 None

Christine Jones  
Acting Chief Finance Officer

DATE: 22 August 2025

Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
<p><b>Unable to maintain IJB Spend</b> IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic &amp; Commissioning Plan.</p> <p><b>Latest update</b> An update of the financial recovery plan for delegated health and social care services for 2024/25 was presented to the IJB on the 11.12.2024</p> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>• Financial monitoring systems</li> <li>• Increase in reserves</li> <li>• Management of vacancies and discretionary spend</li> <li>• MSG and external audit recommendations</li> <li>• Savings and Transformation Plan</li> <li>• Financial Recovery Plan</li> </ul>	Dundee HSCP Chief Finance Officer	5	5	25	→	22.08.25
<p><b>Restrictions on Public Sector Funding</b> Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</p> <p><b>Latest Update</b> Budget Outlook paper was presented to the IJB on the 11.12.24. Given the scale of the cost pressure gap and public sector financial position, the risk has been escalated to a score of 25</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Budgeting Arrangements</li> <li>• MSG and external audit recommendations</li> <li>• Savings and Transformation Plan</li> </ul> <p>Financial Recovery Plan</p>	Dundee HSCP Chief Finance Officer	5	5	25	→	22.08.25
<p><b>Staff Resource</b> The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational</p>	Dundee HSCP Chief Officer	5	5	25	→	22.08.25

<p>priorities, operational delivery to support delivery of effective integrated services. Corporate processes in partner bodies can lead to delays in recruitment. Market conditions can impact on ability to appoint suitable staff in a timely way. Impact on levels of staff absence impact on staff resource.</p> <p><b>Latest update</b></p> <p>Ability to progress strategic plan actions are impacted by staff resource available and proposed future budget reductions will exacerbate this.</p> <p>Implementation of safe staffing act is demonstrating the levels of staffing operationally.</p> <p>Impact of half hour reduction of NHS workforce for Agenda for Change will mean that across services available working week hours will reduce.</p> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>• Additional focus on Absence Management</li> <li>• Development of new models of care</li> <li>• Organisational Development Strategy</li> <li>• Recruitment</li> <li>• Safe Staffing Act recording tools</li> <li>• Service Redesign</li> <li>• Workforce plan</li> <li>• Workforce wellbeing actions.</li> </ul>						
<p><b>Lack of Capital Investment in Community Facilities (including Primary Care)</b></p> <p>Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community-based health and social care services.</p> <p><b>Latest update</b></p> <p>This continues to be an extreme risk. Scottish Government 2024/25 Capital Investment Resources available to LAs and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities</p> <p><b>Control factors</b></p>	<p>Dundee HSCP Chief Officer and Chief Finance Officer</p>	<p>5</p>	<p>5</p>	<p>25</p>	<p>→</p>	<p>22.08.25</p>

<p>Development of IJB Property Strategy</p> <p>Joint working with Partner Bodies over alternative opportunities</p> <p>Reshaping non-acute care project</p>						
<p><b>National Care Service</b></p> <p>The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards</p> <p><b>Latest update</b></p> <p>National Care Service (Scotland) Bill - draft Stage 2 amendments were posted in June 2024 with a 'Call for Views'. There is recognition by Scottish Government that work is needed to confirm which legislative approach would best deliver the intended changes. COSLA issued a statement on 27th September 2024 to advise that Council Leaders have withdrawn support for the Scottish Government's revised National Care Service Bill. It is currently anticipated that Integration Joint Boards will reform to become local Care Boards. The degree of uncertainty about future arrangements and timing for implementation of planned changes means there is a significant level of risk for IJB's</p>	<p>Dundee HSCP Chief Officer</p>	<p>4</p>	<p>5</p>	<p>20</p>	<p>→</p>	<p>22.08.25</p>
<p><b>Primary Care Sustainability</b></p> <p>Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care improvement plan.</p> <p><b>Latest update</b></p> <p><b>Sustainability of General Practice:</b> If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies due to retirement and recruitment and retention issues then we will be unable to meet the health needs of the population.</p> <p><b>Current Controls:</b> Implementation of MOU under GMS 2018. Programme of work around sustainability encompassing GP strategy and GP premises strategy. Improved access to other services within primary care that support general practice. Informing patients about those services. Informing Reception Teams on service availability and access, further developing care navigation across all practices. Monitoring position through sustainability survey.</p> <p>Planned Controls: There is further work to be done to understand critical components of this risk including premises, funding, other services and staff groups (e.g. ANPs, nurses).</p>	<p>Dundee HSCP Chief Officer</p>	<p>4</p>	<p>5</p>	<p>20</p>	<p>→</p>	<p>22.08.25</p>

<p>If GP practices requests for lease assignation cannot be considered as a result of a lack of an agreed processes for practices, HSCPs and NHS Tayside regarding leases acquisition, including defining the necessary governance arrangements, then this will have a negative impact on GP partner recruitment and retention.</p> <p><b>Current Controls:</b> GP Premises Strategy developed. Process in place in Dundee HSCP to consider local requests in the context of the property strategy. RAG process defined. Planned Controls: Draft process developed. Draft paper for submission to ELT (proposed Nov 2024) to be agreed across all four parties for consideration and approval of lease acquisition</p>						
<p><b>National Insurance Increase</b></p> <p>The increase in National Insurance contributions poses a financial risk particularly to third sector organisations. These organisations which often operate on tight budgets and limited funding streams face additional financial strain. This could lead to reduced capacity to deliver essential services, weakening the partnership's ability to meet its strategic objectives and compromising care delivery to vulnerable populations.</p> <p>Control Factors are being developed</p>	<p>Dundee HSCP Chief Officer and Chief Finance Officer</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>→</p>	<p>22.08.25</p>
<p><b>Cost of Living Crisis</b></p> <p>Cost of living and inflation will impact on both service users and staff, in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities.</p> <p>Latest update</p> <p>Sub-analyses of Engage Dundee have been undertaken for a range of at-risk groups including carers and long-term sick and disabled. Findings have been fed into a range of SPGs to identify appropriate actions.</p> <p>Developments include a new mental health and wellbeing section on the NHST website linking people to a service directory, including money/benefits advice, and self-help materials.</p> <p>Public Health has led on the production of a mental health promotion leaflet, which is being co-produced with partners, communities and</p>	<p>Dundee HSCP Chief Officer and Chief Finance Officer</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>→</p>	<p>22.08.25</p>

<p>services users. This will be targeted at the digitally excluded, linking in with local community centres and foodbanks/ larders.</p> <p>A multi-agency Engine Room has been formed to develop interim indicators to link work at a local and service level to the city's strategic objective of reducing inequalities in health, and assess whether services are being provided in an equitable manner.</p> <p>The HSCP is involved in the city's Local Fairness Initiatives and Employability Pathfinder. Tests of change are being explored with GP practices in the North-East and East End to raise awareness of community supports.</p> <p>Control Factors</p> <ul style="list-style-type: none"> <li>• Engage Dundee</li> <li>• Fairness and Equality Workstreams</li> <li>• Focus of Services identifying those most vulnerable</li> </ul>						
<p><b>Viability of External Providers</b></p> <p>Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services</p> <ul style="list-style-type: none"> <li>* Financial expectations of third sector cannot be met</li> <li>* Increased cost of service provision</li> <li>* Additional burden on internal services</li> <li>* Quality of service reduces</li> </ul> <p>Latest update</p> <p>Contracts Team are currently looking at improved interface with contract/finance teams to ensure more robust monitoring when risk is identified - this part of internal audit recommendations.</p> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>• Consistent engagement with service providers</li> <li>• Internal audit review to partnership's approach to viability of external providers</li> <li>• Potential Local or Scottish Government Intervention</li> <li>• Robust Contract Monitoring</li> <li>• Co-ordination to provider services</li> </ul>	<p>Dundee HSCP Chief Officer</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>→</p>	<p>22.08.25</p>

<p><b>Escalation of Property Safety Issues</b>  The Health and Social Care Partnership faces a significant strategic risk due to the due to the ability of the partner bodies to effectively repair and maintain critical health and social care infrastructure, crucial for the safe delivery of care and other essential support services</p> <p>Latest update</p> <p>Current areas of concern highlighted are at Kingsway Care Centre and RVH.</p> <p>Control factors include Property Rationalisation programme and escalation of these issues by Chief Officer.</p>	Dundee HSCP Chief Officer	4	4	16	→	22.08.25
<p><b>Capacity of Leadership Team</b>  Capacity of management team</p> <p>Latest update</p> <p>Several factors have contributed to the increase in likelihood for this risk, including the retirement of the Chief Officer.</p> <p>The leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Response from Partner bodies</li> <li>• Review of Senior Management Team Structure</li> <li>• Sharing of Management Team duties</li> </ul>	Dundee HSCP Chief Officer	4	4	16	→	22.08.25
<p><b>Data Quality</b>  Data Quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered.</p> <p>Latest Update</p> <p>Strategy and Performance research team are working with operational staff to improve data quality.</p>	Service Manager	4	4	16	→	22.08.25

<p>Forthcoming changes to IT systems include the move from Oracle to sql for hosting Mosaic and the change from DCC IT system Citrix which will impact on reporting mechanisms.</p> <p>Quality, Data and Intelligence team are working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems (e.g. Power BI, Crystal).</p>						
<p><b>Increased Bureaucracy</b></p> <p>Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place.</p> <p>Latest update Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development.</p> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>• Support and roles</li> <li>• Work with partner bodies to streamline report requirements for respective accountabilities</li> </ul>	Dundee HSCP Chief Officer	4	4	16	→	22.08.25
<p><b>Changes to IT Systems</b></p> <p>There are significant changes coming to IT systems across DHSCP. These include move from Citrix to AWS. There are also moves from hosting Mosaic, Case Management system from Oracle to sql and issues arising from changes to reporting. There are also difficulties in ensuring access to information on Sharepoint between DCC and NHST. Hybrid working is being affected by these challenges. Morse is being implemented in NHST.</p> <p>Latest Update</p> <p>Changes to IT Systems remain to cause challenges for DHSCP workforce. This includes differences in implementation of O365 across DCC and NHST.</p> <p>Implementation of Morse in NHST is also ongoing.</p> <p>The IT system used by DDARS for prescribing is coming to its end of life and another solution is yet to be identified.</p> <p>The company that owns Vision, used by NHS, is going into administration, and there is uncertainty around this.</p>	Dundee HSCP Chief Officer	4	4	16	→	22.08.25
<p><b>Information Governance</b></p> <p>Capacity and ability to comply with increasing number of Subject Access Requests in DCC leading to potential action from Information Commissioner</p>		3	4	12	→	22.08.25

<p>Latest Update</p> <p>A year-on-year increase in Subject Access Requests has meant that this is causing a significant impact on staff who undertake this task. In addition, changes to IT mean that manual redaction is no longer secure and must be undertaken by a specific software that only certain staff have access to. The move away from Sharefile to o365 file sharing has caused issues for securely sharing large amounts of electronic documents with external requesters. Risk that we will not comply with Data Protection rules and face action from Information Commission.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Posts identified in Strategy and Performance section to undertake these tasks. Recruitment processes to begin in next six months.</li> </ul>						
<p><b>Category One Responder</b></p> <p>Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties.</p> <p>Latest update</p> <p>Risk to remain on register due to finalisation of list of available DHSCP senior staff to manage rest centres, and to include Category One Responder duties in the next revision of the IJB Standing Orders in 2025. It is anticipated that once these actions are completed this risk will be able to be deactivated.</p>	<p>Head of Health and Community Care</p>	<p>2</p>	<p>4</p>	<p>8</p>	<p>→</p>	<p>22.08.25</p>
<p><b>Employment Terms</b></p> <p>Differing employment terms could expose the partnership to equality claims and impact on staff morale.</p> <p>Latest Update</p> <p>Management continue to have an overview of where issues arise within integrated teams with differing employment terms, and continue to assess and review within integrated teams.</p>	<p>Dundee HSCP Chief Officer</p>	<p>3</p>	<p>3</p>	<p>9</p>	<p>→</p>	<p>22.08.25</p>
<p><b>Governance Arrangements being Established fail to Discharge Duties</b></p> <p>Clinical, Care &amp; Professional Governance arrangements being established fail to discharge the duties required.</p> <p>The IJB's Governance arrangements were assessed as weak/unsatisfactory.</p> <p>Latest update</p>	<p>Dundee HSCP Chief Officer</p>	<p>2</p>	<p>4</p>	<p>8</p>	<p>→</p>	<p>22.08.25</p>

<p>Reports from CCPG to the PAC consistently provide a level of reasonable assurance of good and sound governance. leading to a reduction in the likelihood of this risk occurring.</p> <p>This risk will be revisited when we receive the Internal and External Audit governance report conclusions, with a view to potentially archiving.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Development of IJB Member Governance development sessions</li> <li>• Implement Governance Action Plan</li> <li>• Review of processes established</li> </ul>						
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**New Risks for entry**

Prescribing Costs						
Fire Safety						

**Archived**

None						
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<b>Risk Status</b>	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed