



<b>Meeting of East Renfrewshire Integration Joint Board</b>	Performance and Audit Committee
<b>Held on</b>	27 March 2024
<b>Agenda Item</b>	9
<b>Title</b>	IJB Strategic Risk Register
<p><b>Summary</b></p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**27 March 2024**

**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.

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

6. 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

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 22 November 2023. Since last reported:-
  - No new risks have been added
  - No risks have been removed
  - 1 risk score has changed (Workforce)
  - 1 risk remains red post mitigation (Financial Sustainability)
9. 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.
10. In addition, members are asked to note the following:-

### Financial Sustainability

11. The wording has been updated to reflect the current position including the diminished level of reserves and ongoing discussions with partners as part of our financial recovery for 2023/24 and forward financial planning.

### Primary Care

12. We have removed the mitigation around signposting as this is now undertaken by practitioner services.
13. We have explored various options for additional accommodation with a number of GP practices however we have not been able to progress further due to lack of improvement grant funding or capital investment. The accommodation strategy for GP premises has therefore been paused until capital funding becomes available.

### Workforce

14. We have now concluded phase 1 of the voluntary redundancy process, with 15 employees leaving the HSCP at the end of March and recognise we need to revisit the workforce plan reflecting budget constraints and service redesign in the coming months.
15. We have reduced the current score to 8, as the staffing difficulties within mental health services have improved slightly and our interim plan is mitigating risks, however recruitment, retention and the need for design brings does present challenges and risks.
16. Although the current score has reduced, the post mitigation score remains unchanged given the current climate.

### In-house Care at Home Service

17. Staff work pattern realignment has been concluded, however due to ongoing challenges with recruitment and retention within the social care sector the service has been unable to achieve the level of recruitment required to progress the redesign at pace. Further

recruitment strategies have been agreed by the Project board to support progression. The date for concluding the redesign has therefore been extended from April to July 2024.

Business Continuity, Covid-19 and Recovery

18. Workshops have taken place with all services to support them to update their Business Impact Assessments which feed into the wider HSCP Business Continuity Plan. Plans are in the final stages of being written up into the new template.
19. We are looking to increase the number of Council Incident Officers and Care for People Managers and will identify individuals to attend upcoming training.

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

20. 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

21. There remains risk that the HSCP could become unsustainable due to one of the following causes:
  - Unable to deliver in full the existing 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
22. Discussions with partners are ongoing recognising the audit recommendation around financial sustainability as well as support for financial recovery this financial year.

**RECOMMENDATIONS**

23. 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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12 March 2024

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

PAC Paper: November 2023: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/9746/PAC-Item-10-IJB-Strategic-Risk-Register/pdf/PAC\\_Item\\_10\\_IJB\\_Strategic\\_Risk\\_Register.pdf?m=1699875489680](https://www.eastrenfrewshire.gov.uk/media/9746/PAC-Item-10-IJB-Strategic-Risk-Register/pdf/PAC_Item_10_IJB_Strategic_Risk_Register.pdf?m=1699875489680)

IJB Paper: January 2020: IJB 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](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)

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## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 11.03.2024

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 11-16 5-10 1-4	Overall rating HIGH MEDIUM LOW	Likelihood (probability) L			Impact (Severity) I	Risk Score (LxI) L	Impact (Severity) I		Risk Score (LxI) L
n/a	1	C	<b>Death or significant harm to vulnerable individual</b>											
			<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) agreed.</p> <p>Social work and nursing professional leadership and workforce place</p> <p>Operate within Clinical and Care Governance Framework</p> <p>ASP Quality Assurance Framework implemented and reported to APC</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>					<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>Fully implement ASP improvement plan</p>	<p>Ongoing</p> <p>31/03/2025</p>				<p>Head of Adult Services / Chief Social Work Officer</p>

n/a	2	S	<b>Scottish Child Abuse Inquiry</b>											
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>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</p> <p>Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	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>											
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPAs) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPAs meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented in HSCP and rolled out across Council</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>	2	4	8	<p>Review programme of quality assurance and training</p> <p>Fully implement ASP improvement plan</p>	31/05/2023	31/03/2025	1	4	4	Chief Social Work Officer



4	C	<p><b>Financial Sustainability</b></p> <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. This is further impacted by the diminished earmarked reserves held.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings.</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 other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 following cessation of support funding. For example staff cover in any service where an outbreak of the virus impacts on capacity. The longer term financial impact is unclear</p> <p>6) Complexity of funding sources with some allocations</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</p> <p>Monitoring for COVID 19 related costs will be maintained following cessation of support funding so we can inform future planning.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in various financial discussions with partners in relation to funding and budget contributions as well as financial recovery for 2023/24.</p> <p>Medium Term Financial Plan (latest revision June 2023) Regular monitoring, reporting and seminars ensure the IJB is aware of the most current factors.</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 from service delivery.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGGC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts.</p>	3	4	12	<p>Monitor hosted service arrangements – ongoing and longer.</p> <p>Refresh Medium Term Financial Plan for any significant changes following proposed budget for 2024/25</p> <p>Continue discussions with both partners in relation to funding and financial performance and service outcomes</p> <p>Implement actions from local prescribing action plan</p>	<p>31/03/2025</p> <p>June 24</p> <p>Ongoing</p> <p>31/03/2024</p>	3	4	12	<p>Chief Financial Officer</p>
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		late in the year and some instability from non-recurring funding.							
		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 do have very specific reserves to support ringfenced activity only.							

n/a	5	C	<b>Failure of a Provider</b>										
			<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</p>	3	4	12	<p>Increased monitoring by Commissioning and Contracts service and/or respective Heads of Service</p>	<p>Ongoing (Review-30/06/24)</p>	3	3	9	<p>Chief Financial Officer / Heads of Service</p>

			<p>withdraw from the national care home contract</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>							
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<b>6</b>	<b>S</b>	<b>Access to Primary Care</b>										
		<p>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.</p> <p>Inability to recruit posts and shortage of locums resulting in poor access for local residents.</p> <p>GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff</p> <p>Increased GP Practice workload due to increasing population and increased demand post pandemic</p>	<p>Primary Care Improvement Plan agreed by IJB.</p> <p>Support Practices to amend catchment areas where appropriate</p> <p>Working with practices / assisting with remote working to maximise premises capacity to enable them to extend primary care team.</p> <p>Support to Practices through use of GGC Escalation framework.</p> <p>GGC property strategy in place</p>	<b>3</b>	<b>3</b>	<b>9</b>	<p>Work with planning colleagues provide data to assist with LDP3 which includes developer contributions to mitigate for new housing and care home developments.</p> <p>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.</p> <p>Working with NHSGGC to support GP practice sustainability</p>	<p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p>	<b>3</b>	<b>2</b>	<b>6</b>	Clinical Director

5.1	7	S	<b>Increase in frail older population</b>									
			<p>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.</p>	<p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Unscheduled Care Delivery Plan approved by IJB in March-22.</p> <p>Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.</p> <p>New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment</p> <p>Talking Points diverting people to community resources and building own assets.</p> <p>Project to support Care at Home redesign now live</p> <p>Supporting people framework implemented April 23</p> <p>Monitoring includes analysis of waiting lists, admissions and incidents.</p>	4	3	12	<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>Strengthen management oversight of equipment requests</p>	<p>Ongoing</p> <p>Ongoing (Review 31/03/24)</p>	3	3	9
	8	C	<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>	3	3	8	<p>Implement local mental health interim workforce plan</p> <p>Undertake review of workforce planning in light of budget constraints</p> <p>Strengthen reporting arrangements around all professional registrations.</p>	<p>31/12/2024</p> <p>30.09.2024</p>	2	4	8

			<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>										
<b>2.2</b>	<b>10</b>	<b>S</b>	<b>Increase in children &amp; adults with additional support needs</b>										
			<p>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</p>	<p>Transitions service and strategy in place Transitions is also included in R&amp;R Programme Analysis of demographic changes and increased financial forecasting is enabling us to plan more effectively.</p> <p>Education Resource Group manage specialist resources and admission to specialist provision.</p> <p>Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.</p> <p>Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023</p>	<b>3</b>	<b>3</b>	<b>9</b>	<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>	Ongoing	<b>3</b>	<b>2</b>	<b>6</b>	Chief Officer HSCP

n/a	11	S	<b>In-House Care at Home Service</b>									
<p>Ongoing pressures and limited service capacity impacts on service delivery and quality standards Impact on service users and carers</p>			<p>Increased resource to support robust absence management.</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>Scheduling system (Total Mobile) in place</p> <p>Staff work pattern realignment concluded (March 24)</p> <p>Proposed service model agreed by DMT and Programme Board established providing oversight to care at home redesign</p> <p>Use of intermediate care beds to allow discharge from hospital</p> <p>Enhanced management oversight of hospital discharge</p>	2	4	8	<p>Continuation of Total Mobile implementation</p> <p>Progress implementation of new practice model in line with organisational change</p> <p>Conclude Care at Home redesign</p>	<p>Ongoing</p> <p>Ongoing</p> <p>31/07/2024</p>	2	3	6	Chief Officer HSCP
	12	S	<b>Failures within IT System</b>									
<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>			<p>Specific email addresses can be added to whitelist if required.</p> <p>Emails can be manually released.</p> <p>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.</p> <p>New ICT ticket system which has made it easier and improved the speed of releasing blocked emails.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce</p>	2	2	4	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p>	TBC	2	1	2	IT Business Partner

			<p>some of the technical complexity with regards to email blocking.</p> <p>HSCP continue to work with ICT BRMs for both partner organisations to highlight and address both intermittent and known ICT issues</p> <p>Business Continuity Plans outline alternative arrangements should there be an issue in relation to IT network.</p>								
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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>Well established covid procedures are in place and can be escalated if necessary.</p>				<p>Review and identify additional staff to be trained to ensure sufficient trained Incident Officers and Loggists</p> <p>Write up of Business Continuity Plans into new template – 30/04/2024</p>	<p>31/12/2023</p> <p>30/04/2024</p>				
				<b>3</b>	<b>3</b>	<b>9</b>				<b>2</b>	<b>3</b>	<b>6</b>

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