

AGENDA ITEM No.11

Meeting of East Renfrewshire Integration Joint Board	Integration Joint Board
Held on	12 August 2020
Agenda Item	11
Title	IJB Strategic Risk Register Annual Update 2020
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.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

12 August 2020

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 risk 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)	Medium (Yellow)		High (Red)		High (Red)		
Likely/probable	3	Low (Green)	Medium (Yellow)		Medium (Yellow)		High (Red)		
Possible/could happen	2	Low (Green)	Low (Green)		Medium (Yellow)		Medium (Yellow)		
Unlikely	1	Low (Green)	Low (Green)		Low (Green)		Low (Green)		
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 are included in this report, however the full audit trail is detailed in the individual Performance and Audit Committee reports which are available online.
6. The IJB Strategic Risk Register was last presented to the Performance and Audit Committee in November 2019, as our Performance and Audit Committee meetings scheduled for March and June 2020 were suspended due to Covid-19.
7. Since the 2019 annual update, the Risk Policy and Strategy has been reviewed. The revised policy was approved by the endorsed by the Integration Joint Board in January 2020.
8. As part of the planned audit work for the Integration Joint Board, a review of risk management was carried out and a report detailing the recommendations and our response which was originally due to be presented to the Performance and Audit Committee in March will now be presented to the September meeting.

Summary of main changes

Since last reported to the Integration Joint Board in August 2019:-

- All risk control measures have been reviewed and updated where necessary
- All risk scores have been reviewed with changes made to 2 risks;
 - *In-house Care at Home Service*: Reduced following the significant investment and improvement work undertaken by the service
 - *Scottish Child Abuse Inquiry*: Increased as the likelihood of identifying children who have been the victims of abuse is certain.
- Three risks have been added
 - *Failures within IT System*
 - *Covid-19 and Recovery*
 - *Analogue to Digital Switchover*
- No risks have been removed

Red and significant risks

9. 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:-

Scottish Child Abuse Inquiry

10. Despite any proposed risk control measures, the score remains the same due to the historical nature of this risk. It should be noted that we have responded to the Section 21 notice however the Inquiry have stated that they may come back to us seeking further information – to mitigate this we have gone as far as we could with available records. There could be increased interest in subject access requests and possible enquiries/claims against the Council as a result of this work and national interest.

Financial Sustainability

11. Financial Sustainability remains a high/red risk as last reported. This is still considered red post-mitigation reflecting the current economic climate, COVID uncertainty and potential Brexit implications.

CONCLUSIONS

12. The Integration Joint Board will continue to receive an annual update on the IJB Strategic Risk Register. In future, this will be to the September meetings of the IJB in order to bring reporting in line with Performance and Audit Committee.

RECOMMENDATIONS

13. 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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July 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

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

PAC Paper: November 2019 - Strategic Risk Register Update

PAC Paper: September 2019 - Strategic Risk Register Update

PAC Paper: June 2019 - Strategic Risk Register Update

IJB Paper: August 2019 IJB Strategic Risk Register – Annual Update

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 22.07.2020

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) Lxl		Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI) Lxl
					11-16	HIGH										
n/a	1	C	Death or significant harm to vulnerable individual													
			Risk of death or significant harm to a service user/patient as a result of HSCP actions.	New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.				Revise Quality assurance framework for ASP activity (being considered by APC)	31.08.2020							
			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	ASP Improvement Plan in place. Interim ASP Team set up to manage referrals and investigations during Covid-19. Implemented revised procedures in line with coronavirus legislation Regular reporting to COPP HSCP training programme revised – focus on management oversight, partnership working and risk assessment.	3	4	12	Undertake evaluation of interim ASP team model to inform future model	30.09.2020							
								Commence implement revised ASP procedures once ratified by ASP	01. 01.2020							
								Develop new schedule for performance reporting for adult services by	31.12.2020	2	4	8				
								Prepare for forthcoming ASP inspections – Dec 2020	31.10.2020							
								Senior Manager rota for chairing ASP to be implemented	31.02.2021							
								Implement new risk management framework	31/08/2020				Head of Adult Health and Social Care Localities / Chief Social Work Officer			

			<p>Rolling programme for refresher training for Council Officers and frontline managers</p> <p>Statutory inspection reports continue to highlight good practice and areas for improvement</p> <p>Self-evaluation and audit activity being undertaken by Lead Officer: Policy and Practice Development</p> <p>Revised structure of Council officer and managers forums</p> <p>Increased frequency of APC. Improved reporting schedule from sub-committees</p> <p>Single agency audit completed September 2019</p> <p>New quality assurance measures for monitoring ASP activity in registered services</p> <p>New Service Manager ASP commenced in post May 2020</p> <p>Professional supervision policy in place</p>				<p>(Signs of Safety) across adult services</p> <p>Implement new procedures (currently being devised) in relation to ASP, AWI and LSI (following approval at APC)</p> <p>Devise new screening tool for waiting lists</p> <p>Recruit external consultants to support improvement programme</p> <p>Lead Officer: Policy and Practice Development (Adult Services) undertaking self-evaluation and audit activity</p>	<p>31/10/2020</p> <p>31/10/2020</p> <p>ONGOING</p>				
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4.4	2	C	Scottish Child Abuse Inquiry								
			<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>Capacity to meet the demands of the S21 notice and the possibly increased 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>Clear process for managing historical cases and protocol in place with Legal Services.</p> <p>Work completed to date on S21 notice as far as possible (likely to be further requests from enquiry team)</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made</p>	4	3	12	<p>Debriefing session to take place for children's managers to identify key learning from this work and any implications for future staff briefings/ training etc.</p>	30.09.2020	4	3
4.1	3	C	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements								
			<p>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.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.</p> <p>Service Manager ASP has responsibility for chairing Case Conferences and leading on self evaluation and audit activity.</p> <p>Risk assessment integral part of the assessment process</p> <p>Interim APC Chair in place</p> <p>New Service Manager ASP commenced in post May-2020</p> <p>Council officer and managers forums established</p>	2	4	8	<p>Develop new schedule for performance reporting for adult services.</p> <p>Review Quality assurance framework for ASP activity annually.</p> <p>Engagement with social workers not yet vetted to NPPV status. Increase in vetting coverage for criminal justice has improved but focus engagement consulting with non-vetted Social Workers for NPP status.</p> <p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations</p>	<p>13/11/2020</p> <p>31/10/2020</p> <p>31/12/2020</p> <p>31/03/2020</p>	1	4

			<p>Rolling programme of All front line managers provided with refresher training concerning statutory compliance.</p> <p>Partnership working is at an advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.</p> <p>Job descriptions for statutory criminal justice social work posts in East Renfrewshire have been amended and candidates are required to be eligible to achieve NPPV (Non Police Personal Vetting) level 2 vetting status.</p> <p>Quarterly external audit of MAPPA cases in place.</p> <p>Multi Agency Risk Assessment Conference (MARAC) fully operational (05.03.19)</p> <p>"Safe Together" model implemented.</p> <p>PVG (Protecting Vulnerable Groups) scheme in place</p> <p>Increased communication and intelligence sharing with other statutory bodies implemented during Covid-19</p> <p>New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p> <p>Data report and outcome report for children's services completed (COPP - May 2020)</p>			Strengthen reporting arrangements around SSSC registrations	31.03.2021			
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4	S	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.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</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.</p> <p>5) Financial risks relating to COVID 19 There is a significant financial implication to the IJB if the costs of the response to the crisis are not fully funded. There may be longer term implications that may have financial impact.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress</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 the budget setting process with each of our partners and tri-partite discussions take place with Partner engagement included in Strategic Improvement Action Plan</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 prescribing and hosted services.</p> <p>The use of earmarked reserves allows us to deal with prescribing volatility in any one year.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p> <p>Planning for Brexit implications taking place at both national and local levels.</p> <p>Covid-19 cost monitoring takes place monthly and informs our revenue reporting as well as reporting to the Scottish Government through NHSGCC</p>	3	4	12	<p>Conclude review of hosted service arrangements (indicative date)</p> <p>Plan for the 2021/22 budget</p> <p>Review and revise the medium term financial plan</p> <p>Continue to develop the tri-partite financial planning discussions with partners.</p> <p>Detailed financial planning and monitoring on COVID 19 is in place and costs are considered by the Scottish Government as part of the NHSGCC response.</p>	31/03/2021	31/03/2021	31/03/2021	31/13/2021	31/03/2021	Chief Financial Officer

5.2	5	C	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 financial instability or significant care concerns. Consequences could include:</p> <ul style="list-style-type: none"> - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements 	<p>We work with the Care Inspectorate to ensure robust action plans for improvement are in place</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market.</p> <p>Consideration of balance of market share across external market providers</p> <p>Company Credit Health Checks undertaken</p> <p>Independent learning review concluded – action plan developed following recommendations and plan to disseminate learning agreed.</p>	4	3	12	<p>Implement learning from independent review of recent provider failure</p> <p>Work with providers at risk to agree phased and managed approach to closure if required</p>	31/10/2020	Ongoing	3	3
	6	C	Access to Primary Care									
			<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/cover posts resulting in poor access for local residents.</p>	<p>Stage 2 bid submitted for Newton Mearns hub as part of the GGC capital prioritisation process. Awaiting feedback</p> <p>Primary Care Improvement Plan agreed by IJB</p> <p>Local practices are supported to manage list size by encouraging patients from out with the practice's contracted catchment area to register with a GP more local to them.</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team</p> <p>Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.</p>	3	3	9	<p>Work with planning department to consider impact and mitigation for new housing developments</p> <p>Meet regularly with 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>Within clusters explore space availability within practices to support the extending Primary Care team as outlined in the PCIP.</p>	Ongoing	Ongoing	Ongoing	3

			uncertainty impacts on ability to recruit and retain staff.	Covid-19 and our response to the emergency).				<p>Improve partnership workforce planning working with providers in line with developing strategic commissioning plan</p> <p>Develop workforce information to include data on staff with long term health conditions to better understand the impact of covid-19 on service delivery</p> <p>Continue to provide personalised supports to the workforce in relation to trauma experienced during covid-19</p>	31/03/2021					
									Ongoing					
									Ongoing					
2.2	10	C	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 on services.	<p>Appointed Advanced Practitioner to improve practice across adult and children services in preparing young people with additional support needs for adulthood</p> <p>Analysis of demographic changes. Increased financial forecasting.</p> <p>Children's Services redesign implemented</p> <p>Inclusive Support redesign completed and implemented (April 2019)</p> <p>Education Resource Group to manage specialist resources and admission to specialist provision</p> <p>Phase 1 Fit for the Future Redesign implemented</p> <p>The Resource Allocation Group (RAG) has strengthened its membership to include an educational psychologist and occupational therapist</p>					<p>HSCP/Education to meet to look at strengthening transition arrangements</p> <p>Council continues to contribute to funding to demographic cost pressures</p>	31/10/2020				
					4	3	12		Ongoing		4	2	8	Chief Officer HSCP

5.3	11	C	In-House Care at Home Service										
			<p>Significant pressures and lack of service capacity (vacancies and absence) impacts on service delivery and quality standards Impact on service users and carers Reputational risk to HSCP and Council Risk of enforcement action should we fail to meet the Care Inspectorate requirements</p>	<p>Ongoing transfer of some packages to external providers to ensure capacity</p> <p>Increased resource to support robust absence management</p> <p>Recruitment campaign complete - additional care at home staff recruited.</p> <p>Medication policy in place</p> <p>Medication management training embedded in rolling training programme</p> <p>Oversight Board chaired by Chief Executive established.</p> <p>Improvement Task Force overseeing phase 2 of improvement activity re-established</p> <p>Regular updates being provided to CI</p> <p>Performance management of reviewing activity in place through weekly reporting</p> <p>Co-location during Covid-19 to Care at Home Hub has had Positive impact on relationships and performance</p> <p>Embedded full time Pharmacy resource within the service (Jul-20)</p>	3	4	12	<p>Increase level of quality assurance.</p> <p>Roll out medication management training to remaining staff.</p> <p>New permanent Registered Manager to commence in post</p> <p>Arrangements for singular base for Care at Home to be agreed (and allow for resolution of longstanding telecommunication issues for the service)</p> <p>Re-mobilise the service redesign activity</p>	<p>01.09.2020</p> <p>31.11.2020</p> <p>10.08.2020</p> <p>31.08.2020</p> <p>31.08.2020</p>	2	3	6	Chief Officer HSCP
		N	Failures within IT System										
			<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</p>	<p>Specific email addresses can be added to whitelist if required</p> <p>Emails can be manually released</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>	3	2	6	<p>Undertake analysis 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>31.10.2020</p>	2	2	4	IT Business Partner

			3rd party technical system issues.	some of the technical complexity with regards to email blocking.				Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure	TBC				
		N	COVID19 & RECOVERY										
			Emergence of a pandemic disease with potential to significantly impact our workforce, supply chain, demand for and availability of services, IT, accommodation, and resultant impact on financial and service planning.	<p>Business Continuity and Operational Recovery Plans are in place.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery.</p> <p>Weekly care home staff testing and surveillance testing if residents with daily calls to oversee.</p> <p>Resilience Management Team established (currently stood down) although regular sit rep reporting remains in place</p> <p>Agile working capability for majority of staff</p> <p>Recovery Steering Group established with 7 key workstreams; Governance, Accommodation, Workforce, Partner Organisations, IT, PPE and Change Programme</p> <p>Interim ASP Team established and core group of staff identified to oversee CP and MAPPA statutory functions.</p> <p>Risk assessment and shielding pathways and procedures in place to identify and support our most vulnerable people</p> <p>Increased awareness raising/ campaigns for vulnerable groups</p>				<p>Further scoping of accommodation and resource requirements in relation to adult vaccinations over the winter period.</p> <p>Reintroduction of services as outlined in Operational Recovery Plan linked to the Scottish Government Routemap. This includes planned changes to accommodation and activity supported by recovery plans.</p> <p>Regular sit rep reporting identifies changes in response and recovery and identifies escalations.</p> <p>Weekly recovery meeting to review progress.</p> <p>SMT focus on recovery</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>				
					4	3	12			3	3	9	

			<p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including supporting Care Homes.</p> <p>Revised Initial Contact Team procedures to alleviate pressures at 'front door'.</p> <p>Redeployment of staff to support critical functions.</p> <p>Infection control procedures and arrangements for PPE in place. PPE Lead linking with local partner groups and national Hub working group.</p> <p>Monthly Covid-19 cost monitoring informs our revenue reporting as well as reporting to the Scottish Government through NHSGCC</p> <p>All operating procedures and accommodation for Community Assessment Centre (currently closed) but clinical space being maintained.</p>									
		N	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 programme team currently being recruited to take forward the transition to analogue to digital</p> <p>HSCP representation on programme board</p> <p>Analogue to digital implementation plan</p>	3	3	9	<p>Programme board to ensure a functional central system capable of handling digital technology is implemented in suitable timeframe.</p> <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>	31.03.2022	2	3	6

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