





Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	26 June 2019
Agenda Item	7
Title	IJB Strategic Risk Register Update

Summary

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

Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

Action Required

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



PERFORMANCE AND AUDIT COMMITTEE

26 June 2019

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.
- 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.

Risk levels considering Likelihood and Severity

Likelihood	Score								
Certain	4	Low (Gree	en)	Medium (Yell	ow)	High (Red)		High (Red)
Likely / probable	3	Low (Gree	en)	Medium (Yell	ow)	Medium (Yellow)		High (Red)
Possible/could happen	2	Low (Gree	en)	Low (Green)		Medium (Yellow)		Medium (Yellow)	
Unlikely	1	Low (Gree	en)	Low (Green)		Low (Gree	n)	Low (Gree	en)
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 attached as Appendix 1.

New Risks

8. One new risk 'In-house Care at Home Service' has been added to the Strategic Risk Register. This is has been incorporated to reflect the significant pressures within our in-house care at home service.

Updated / Removed Risks

- 9. Some minor changes to wording have been made throughout and mitigation timescales added. The HSCP will continue to review the control measures to ensure these are in line with SMART methodology.
 - Specific
 - Measureable
 - Achievable
 - Relevant
 - Time-based
- 10. Risks scores have been reviewed, however no changes have been made to the scores.

Red and Significant Risks Exception Report

- 11. 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, should be brought to attention of the PAC by an 'exception report'.
- 12. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economy and unknown Brexit implications. There remains the future year risk that the HSCP could become unsustainable due to one of the following causes:
 - Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget
 - Unable to influence future funding to recognise demographic & other pressures, or realise future efficiencies & savings
 - Implications from hosted services
 - Prescribing volatility

CONCLUSIONS

- 13. The IJB Strategic Risk register has been reviewed and one new risk has been incorporated:-
 - 11. In-house Care at Home Service

RECOMMENDATIONS

14. 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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June 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: March 2019: IJB Strategic Risk Register Update https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24115&p=0

PAC Paper: November 2018 IJB Strategic Risk Register Update https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23475&p=0

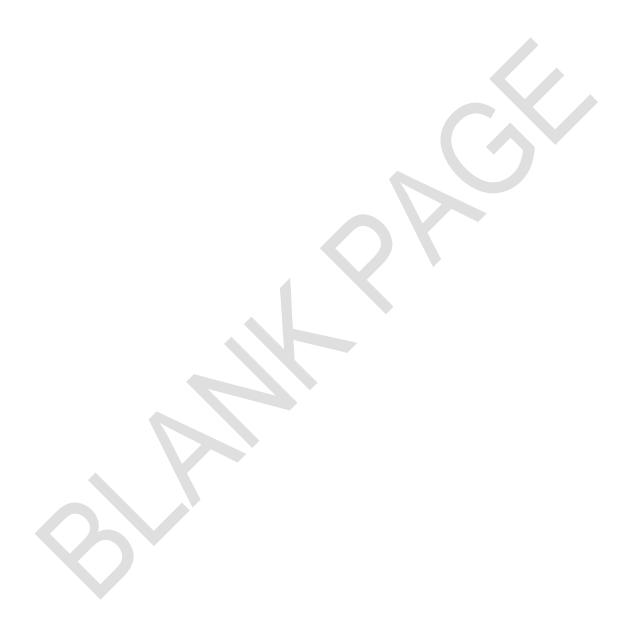
IJB Paper: August 2018 IJB Strategic Risk Register – Annual Update http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22835&p=0

PAC Paper: June 2018 Strategic Risk Register

http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22723&p=0

IJB Paper: August 2016: Risk Management Policy and Strategic Risk Register

http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=17355&p=0



EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 18.06.2019

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	(4	ssment of As it is nov e Overall HIGH MEDIU LOW	v) I rating	Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	(with _l	ment of R Risk proposed c res implem	ontrol	Risk Owner
					Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI)			Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI)	
5	11	N	In-House Care at Home 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	Movement of some packages to external providers Increased resource to support robust absence management	4	4	16	Improvement Task Force overseeing implementation of improvement activity supported by additional funding including revised care planning and risk documentation Recruitment of additional care at home staff Ensure all Care at Home clients have an up to date review Commence implementation of medication management policy and rollout of training	30/9/2019 31/08/2019 30/11/2019 31/08/2019	3	3	9	Chief Officer HSCP

1	. S	Death or significant har	m to service user / patient				,			•	•	
		Risk of death or	Quality assurance of adult				Creation of new dedicated	31/06/2019				
		significant harm to a	support and protection has				trainer for adult services					
		service user/patient as	identified a number of issues									
		a result of HSCP	for improvement.				ASP improvement plan to be	16/07/2019				
		actions.					finalised at ASP Committee					
			Improvement Plan in place and new pathway to manage				16.7.19.					
		Consequences could	ASP referrals and					24 /22 /2242				
		include:	investigations implemented.				Introduction of new practice standards and new	31/09/2019				
		- loss of life or long term damage and	investigations implemented.				programme of single agency					
		impact on service user	Refresher training for Council				audit commencing September					
		& family	Officers and frontline				2019					
		- possible perception	managers delivered.									
		of failure of care										
		- poor workforce	Risk assessments for service									
		morale	users are carried out by staff as and when required									
		- reputational damage	as and when required									Head of Adult Health
			Statutory inspection reports									and Social
			Senior Manager ASP responsibility for chairing Case Conferences and leading on self-evaluation and audit activity. Some refresher training delivered	3	4	12			2	4	8	Care Localities / Chief Social Work Officer
			Council officer and managers forums established									
			Risk assessment is now an integral part of assessment process									
			Appointment of new Chair of APC (Apr'19)									
			Priorities and proposal for									
			new structure and increased									
			frequency of APC meetings									
			agreed (06.06.19)									

4.4	1 2	2	S	Historical Sexual Abuse	Enquiry									
					Adult Protection Committee and Child Protection Committee have been sighted on these issues. Clear process for managing historical cases and protocol in place with Legal Services. Risk although low may be difficult to determine due to historical nature	2	4	8	Identified leads in HSCP will work alongside legal services to manage the progress of any allegations/claims made Public Protection sub group to quality assure training and awareness raising for staff	Ongoing 31/03/2020	1	4	4	Chief Social Work Officer
4.1	1 3	3	С	Child Protection, Adult	protection and Multi-Agency Pub	lic Protect	tion Arran	gements				!		
				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, Adult Protection committees and MAPPA's meetings to deal with the strategic and practice issues. Senior Manager ASP responsibility for chairing Case Conferences and leading on self-evaluation and audit activity. Council officer and managers forums established Risk assessment is an integral part of assessment process New Chair of APC appointed Apr '19 PVG scheme in place Partnership working at advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.	2	4	8	Introduction of new practice standards and new programme of single agency audit commencing September 2019 Engagement with 4 social workers not yet vetted to NPPV status Introduce rolling review of PVGs on 3 yearly basis	31/09/2019 31/12/2019 30/06/2019	1	4	4	Chief Social Work Officer

	The extension of MAPPA to include Category 3 violent					
	offenders - Risk of Serious Harm training completed.					
	Job descriptions for statutory criminal justice social work					
	posts in East Renfrewshire have been amended & candidates are required to be					
	eligible to achieve NPPV level 2 vetting status.					
	'Safe Together' model implemented.					
	All front line managers provided with refresher training concerning statutory					
	compliance.					
	Multi Agency Risk Assessment Conference (MARAC) fully operational (5th March 2019)					
	ASP priorities for 2019/20					
	improvement and proposal for new structure and increased					
	frequency of APC meetings agreed (06.06.19)					

Risk of being unsustainable due to one of the following causes: 1) The CFO provides regular reporting to IJB and savings progress reviewed as part of budget seminars and revenue monitoring report as well as proficially at DMT full the existing savings and achieve new savings to deliver a balanced budget. The timing of the NHS GCC budget contribution continues to be a challenge to be a challenge to be a challenge to recognise demographic and other pressures, or realise future efficiencies & savings of prescribing volatility in any one year. Hosted arrangements will be reviewed to coincide with reviewed to coincide with reviewed to coincide with review of the integration shorted services funding structure. 4) Financial Impacts efficiency with the services finding structure. 4) Financial Impacts efficiency is received as part of budget as progress regular reporting to IJB and savings of the MHS on the MHS on the MHS of the moderate process and revenue monitoring report as well as proficially at DMT on savings delivery and management of prescribing volatility. 2) Continue partner engagement with budget setting processes. 2) Continue partner engagement with budget setting and scenarios are taken to IJB seminars. The HSCP is involved in the budget setting processes. 3) An earmarked reserve allows us to deal with processes. 3) A local network and CFO section meeting is a discussion and decision making forum for wider issues impacting on partnerships, with these two areas included. The previous hosted services funding structure. 4) Financial Impacts directly on the HSCP revenue budget. 4) The protein and other provides advice on corrective action required in year to management of prescribing volatility. 2) Continue partner engagement of prescribing volatility. 2) Continue partner engagement of prescribing volatility and and setting and financial plan and processes. 3) An earmarked reserve allows us to deal with previous to deal with previous to deal with previous to deal with previous deal with previous dea	4 C	Financial Sustainability									•	•
reported in detail elsewhere. The financial risks will relate to staffing, purchased of care,		Risk of being unsustainable due to one of the following causes: 1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget. The timing of the NHS GGC budget contribution continues to be a challenge 2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings 3) Implications of cessation of prescribing risk share and changes from hosted services funding structure. 4) Financial Impacts relating to Brexit and	reporting to IJB and savings progress reviewed as part of budget seminars and revenue monitoring report as well as periodically at DMT 2) The regular budget updates and medium term financial plan set out funding pressures and scenarios are taken to IJB seminars. The HSCP is involved in the budget setting process with each of our partners. We need to develop a process for a more proactive approach with earlier discussions on financial planning. 3) A local network and CFO section meeting is a discussion and decision making forum for wider issues impacting on partnerships, with these two areas included. The previous NHSGGC prescribing risk share ceased in March 2018 and prescribing volatility impacts directly on the HSCP revenue budget. 4) This is a national risk and is reported in detail elsewhere. The financial risks will relate	3	4	12	on corrective action required in year to manage the budget. The use of reserves supports longer term change and allows for phased implementation of savings delivery and management of prescribing volatility. 2) Continue partner engagement with budget setting and financial plan and processes. 3) An earmarked reserve allows us to deal with prescribing volatility in any one year. Hosted arrangements will be reviewed to coincide with review of the integration schemes during 2020 and preparatory work has commenced. 4) The potential Brexit implications and contingency planning is taking place at	(with 2019 /20 budget agreed). Ongoing – regular meetings	3	4	12	Financial

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 financial instability or significant care concerns. Consequences could include: - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements	We work with the Care Inspectorate to ensure robust action plans for improvement are in place Work with Scottish Government, Scotland Excel and Cosla on care home market. Consideration of balance of market share across external market providers Company Credit Health Checks undertaken	4	3	12	Implement learning from independent review of recent provider failure, due to be completed summer 2019. Work with providers at risk to agree phased and managed approach to closure if required	31/12/2019 Ongoing	3	3	9	Head of Adult Health and Social Care Localities
	6	С	Access to Primary Care										
			Insufficient primary care practice list capacity due to increased population size, new housing development and new developments to support older people including retirement homes and care homes. Inability to recruit/cover posts resulting in poor access for local residents.	Primary Care Improvement Plan agreed by IJB 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. Work with practices to maximise premises capacity to enable them to extend primary care team	3	3	9	Work with planning department to consider impact and mitigation for new housing developments 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. Within clusters explore space availability within practices to support the extending Primary Care team as outlined in the PCIP.	Ongoing Ongoing Ongoing	3	2	6	Clinical Director

S.1 7 C Increase in older population Increase in 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. Pagilie working for HSCP employees improved efficiency. Annual budget setting takes account of demographic projections. Scottsh Government providing additional resources for Health and Social Care with emphasis on managing demographic pressures. Silving pathways Silving pathways Silving pathways Silving pathways Silving pathways Silving pathways Ongoing Ongo				Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.					Fund back scanning for practices to ensure all East Ren practice notes are scanned to free up space. Scoping paper to be developed for IJB	Ongoing Ongoing			
Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for older people.	5.	1 7	C	Increase in older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and	Scottish Government providing additional resources for Health and Social Care with emphasis on managing demographic pressures. Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people. Agile working for HSCP employees improved efficiency. Annual budget setting takes account of demographic projections. Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for	4	4	16	Future redesign to focus on rehabilitation and frailty pathways Further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets. Continue Council funding for	Ongoing	2	8	Chief Officer HSCP

	8	С	Workforce Planning and	l Change									
			Lack of appropriately skilled workforce due to the combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements	Reduction in the number of temporary contracts for social work and nursing staff as part of Fit for the Future redesign.				Workforce Plan for 2019-21 to be developed Active review of all request to recruit by HSCP senior management team Improve partnership	30/09/2019 Ongoing 30/09/2019				
			leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements. Use of temporary contracts as mitigation for financial uncertainty impacts on ability to recruit and retain staff.		3	4	12	workforce planning working with providers in line with developing strategic commissioning plan Reduce the remaining temporary contracts in social care and business support	31/03/2020	2	4	8	Chief Officer HSCP
2.2	10	S		dults with additional support nee	eds	Į.			<u> </u>				
			Increase in the number of children and adults with additional support requirements leading to a rise in demand on services.	Analysis of demographic changes. Increased financial forecasting. Children's Services redesign implemented Inclusive Support redesign completed and implemented (April 2019) Education Resource Group to manage specialist resources and admission to specialist provision Phase 1 Fit for the Future Redesign implemented	4	3	12	Review transition arrangements - child to adult services Completion of Fit for the Future Phase 2 Council continues to contribute to funding to demographic cost pressures	31/10/2019 31/05/2020 Ongoing	4	2	8	Chief Officer HSCP