



<b>Meeting of East Renfrewshire Integration Joint Board</b>	Performance and Audit Committee
<b>Held on</b>	25 September 2019
<b>Agenda Item</b>	9
<b>Title</b>	IJB Strategic Risk Register Update
<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>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****25 September 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.
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.

**Risk levels considering Likelihood and Severity**

<b>Likelihood</b>	<b>Score</b>								
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)	
<b>Impact</b>		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. No new risks have been added since the risk register was last reported to Performance and Audit Committee in June.

### Updated / Removed Risks

9. Four risks have been updated, a summary of changes is noted below:
- No. 1. Death or significant harm to service user / patient: The Adult Support & Protection (ASP) Improvement Plan has been finalised and was agreed at the APC committee on 16 September 2019. We have recruited to the post of Lead Officer - Policy and Practice Development which is a newly created post and will provide a dedicated training resource for adult services.
  - No 3. Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements: Advice from PVG Scotland to the Council has been that rolling PVG checks are not required, however, the Care Inspectorate advised that registered services should be undertaking this. We have therefore revised the proposed risk control measure from three to five yearly rolling checks and have asked that the corporate HR team build this into their work plan.
  - No. 6 Access to Primary Care: Following the discussion at the last Performance and Audit Committee, the wording of this risk has been updated to more accurately reflect that increased service demand was not exclusively due to high numbers of elderly people in retirement and care homes but was also affected by increasing numbers of young people.
  - No. 11. In-house Care at Home: Additional care at home staff have been recruited and the HSCP will continue to recruit in line with service demand. The new medication policy has been adopted and training will commence in September. Policy implementation will be tested in a small scale pilot. This risk will be updated following receipt of the Care Inspectorate report on the most recent inspection of the service.
10. Risks scores have been reviewed, however no changes have been made to the scores.

### Post Mitigation - 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, following mitigation, should be brought to attention of the Performance and Audit Committee 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
13. The In House Care at Home Service and Failure of a Provider risks are scored at 9 after mitigation is taken into account. However these are considered significant given the potential impact on service delivery.

## CONCLUSIONS

14. The IJB Strategic Risk register has been reviewed and changes made to four risks.

## RECOMMENDATIONS

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

## REPORT AUTHOR AND PERSON TO CONTACT

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

[lesley.bairden@eastrenfrewshire.gov.uk](mailto:lesley.bairden@eastrenfrewshire.gov.uk)

0141 451 0746

September 2019

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

PAC Paper: June 2019: IJB Strategic Risk Register Update

<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24703&p=0>

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 2016: Risk Management Policy and Strategic Risk Register

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

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## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 17.09.2019

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)	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)	
	1	S	<b>Death or significant harm to service user / patient</b>										
			<p>Risk of death or significant harm to a service user/patient as a result of HSCP actions.</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>Quality assurance of adult support and protection has identified a number of issues for improvement.</p> <p>Improvement Plan in place and new pathway to manage ASP referrals and investigations implemented.</p> <p>Refresher training for Council Officers and frontline managers delivered.</p> <p>Risk assessments for service users are carried out by staff as and when required</p> <p>Statutory inspection reports</p> <p>Senior Manager ASP responsibility for chairing Case Conferences and leading on self-evaluation and audit activity. Some refresher</p>				<p>Introduction of new practice standards and new programme of single agency audit commencing September 2019</p>	31/09/2019				<p>Head of Adult Health and Social Care Localities / Chief Social Work Officer</p>
					3	4	12			2	4	8	

			<p>training delivered</p> <p>Council officer and managers forums established</p> <p>Risk assessment is now an integral part of assessment process</p> <p>Appointment of new Chair of APC (Apr'19)</p> <p>Priorities and proposal for new structure and increased frequency of APC meetings agreed (06.06.19)</p> <p>ASP improvement plan – finalised at APC committee 16.7.19</p> <p>Dedicated trainer for adult services appointed (05.09.2019)</p>									
<b>4.4</b>	<b>2</b>	<b>S</b>	<b>Historical Sexual Abuse Enquiry</b>									
			<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>Risk although low may be difficult to determine due to historical nature</p>	<b>2</b>	<b>4</b>	<b>8</b>	<p>Identified leads in HSCP will work alongside legal services to manage the progress of any allegations/claims made</p> <p>Public Protection sub group to quality assure training and awareness raising for staff</p>	<p>Ongoing</p> <p>31/03/2020</p>	<b>1</b>	<b>4</b>	<b>4</b>	<p>Chief Social Work Officer</p>





				<p>'Safe Together' model implemented.</p> <p>All front line managers provided with refresher training concerning statutory compliance.</p> <p>Multi Agency Risk Assessment Conference (MARAC) fully operational (05.03.2019)</p> <p>ASP priorities for 2019/20 improvement and proposal for new structure and increased frequency of APC meetings agreed (06.06.19)</p>								
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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. The timing of the NHS GGC budget contribution continues to be a challenge</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; 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.</p>	<p>1) The CFO provides regular reporting to IJB and savings progress reviewed as part of budget seminars and revenue monitoring report as well as periodically at DMT</p> <p>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.</p> <p>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.</p> <p>4) This is a national risk and is reported in detail elsewhere. The financial risks will relate to staffing, purchased of care, drugs, equipment, consumables and food.</p>	3	4	12	<p>1) The CFO will provide advice 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.</p> <p>2) Continue partner engagement with budget setting and financial plan and processes.</p> <p>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.</p> <p>4) The potential Brexit implications and contingency planning is taking place at both national and local levels.</p>	<p>Ongoing (with 2019 /20 budget agreed).</p> <p>Ongoing – regular meetings</p> <p>Ongoing</p>	3	4	12	Chief Financial Officer

5.2	5	S	<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 financial instability or significant care concerns. 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>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>	4	3	12	<p>Implement learning from independent review of recent provider failure, due to be completed summer 2019.</p> <p>Work with providers at risk to agree phased and managed approach to closure if required</p>	31/12/2019	Ongoing	3	3
6	C	<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/cover posts resulting in poor access for local residents.</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> <p>Scoping paper to be developed for IJB</p>	Ongoing	Ongoing	Ongoing	3	2



8	S	<b>Workforce Planning and Change</b>										
		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 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.	Reduction in the number of temporary contracts for social work and nursing staff as part of Fit for the Future redesign.	3	4	12	Workforce Plan for 2019-21 to be developed	30/09/2019	Ongoing	2	4	8
2.2	10	S	<b>Increase in children &amp; adults with additional support needs</b>									
			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  31/03/2020  Ongoing	4	2	8



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