



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	27 November 2019
Agenda Item	8
Title	IJB Strategic Risk Register Update
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</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

27 November 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

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

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 September.

Updated / Removed Risks

9. Six risk have been updated, a summary of changes is noted below:

- No. 1. Death or significant harm to service user / patient: The single agency audit for ASP inquiries has been completed and the Adult Protection Committee is currently reviewing findings. A quality assurance framework for ASP activity, including a new schedule for performance reporting is to be developed by the end of the year along with a wider improvement plan for adult social work services.
- No. 2. Historical Sexual Abuse Enquiry: The Scottish Child Abuse Inquiry has issued a Section 21 notice to local authorities in relation to the provision of foster care services. East Renfrewshire Council is required to provide a report from 1930 to present. Capacity permitting we will be reviewing all children's files over the forthcoming months, which will require significant resourcing. The Chief Social Work Officer requested an extension to the Inquiry's timeframe of 27 January 2020. We have received agreement to recruit a Team Manager who will provide a coordinator role and will manage the demands of the historical inquiry. This is currently out to advert, and we have secured additional business support. Recent Care Inspectorate reports show safe care within foster care, however we are unable to give assurance predating this.
The score has been increased to reflect that the likelihood of identifying children who have been the victims of abuse is certain and the impact serious. Despite proposed risk control measures, the score remains the same due to the historical nature.
- No 3. Child Protection, Adult protection and Multi-Agency Public Protection Arrangements: Following further discussion between the Care Inspectorate and Chief Social Work officer we have moved to 3 yearly rolling PVG checks. Amendments have also been made to reflect that a multi-agency audit of Child Protection cases was undertaken in November and that a quality assurance framework for ASP activity, including a new schedule for performance reporting is to be developed.
- No.8. Workforce Planning and Change: The 2019-20 workforce plan has been updated. Our workforce planning group is awaiting final guidance from the Scottish Government before developing the 2020-23 plan. In line with recommendations from the recent joint strategic inspection, our Market Shaping and Commissioning Officers will be developing a draft market shaping strategy for presentation and discussion to IJB in March 2020.

- No.10. Increase in children & adults with additional support needs: The proposed completion date for the review of transition arrangements has been moved to 31 March 2020. Work is however ongoing and a Transitions Event was held in September, which received overwhelmingly positive feedback. This was hosted by the Learning Disability Team in conjunction with Children and Families, Day Services and Education. Young people and their families were invited to attend as a first step in trying to improve the transition process from school to adulthood for young people with additional needs. A range of agencies and organisations were in attendance who provide support, advice and guidance.
- No 11. In-house Care at Home: Following discussion at the last meeting, the risk has been updated to reflect that an enforcement notice could be served should we fail to meet the Care Inspectorate requirements. Following discussion with the care inspectorate it has become evident that we will not meet the requirements in a sustainable way unless we embark on a programme of service redesign. We have therefore commenced a wider programme of improvement and redesign led by the Chief Officer and created a Programme Oversight Board, chaired by the Council Chief Executive, to ensure the in-house service is viable, sustainable and safe. Amendments have also been made to reflect that medication training has commenced along with the small scale pilot to test the policy.

Post Mitigation - Red and Significant Risks Exception Report

10. 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'.

Historical Sexual Abuse Inquiry

11. As outlined above, this remains a high/red risk post mitigation

Financial Sustainability

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 6 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

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November 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: September 2019: IJB Strategic Risk Register Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25173&p=0>

PAC Paper: June 2019: IJB Strategic Risk Register Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24703&p=0>

IJB Paper: August 2016: Risk Management Policy and Strategic Risk Register
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=17355&p=0>

			<p>activity. Some refresher 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>New Lead Officer: Policy and Practice Development (Adult Services) appointed (05.09.2019) and commenced in post Nov 2019</p> <p>Single agency audit completed September 2019</p> <p>Introduction of new standards Sep 19 (incorporated in ASP Improvement Plan 2019/20)</p>								
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4.4	2	C	Historical Sexual Abuse Enquiry								
			<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</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>ER Working group established to take forward s21 work.</p> <p>CSWO has written to the Inquiry to request an extension to the 27/01/19 return date for the s21 notice.</p> <p>Email was issued by CSWO highlighting support for survivors of abuse</p> <p>Council Records Manager for ERC collaborating with historical archivists</p>	4	3	12	<p>Identified leads in HSCP will work alongside legal services to manage the progress of any allegations/claims made</p> <p>CPC to address awareness raising/ training for staff</p> <p>Appoint to post which will manage the demands of the historical inquiry.</p> <p>Scoping exercise being carried out to determine the potential scale of survivors involved.</p>	<p>Ongoing</p> <p>31/03/2020</p> <p>31/01/2020</p> <p>31/01/2020</p>	4	3

4.1	3	S	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- MAPPAs) may result in risk of children or vulnerable adults being harmed and lead to non-compliance</p>	<p>The operation of Child Protection, Adult Protection committees and MAPPAs meetings to deal with the strategic and practice issues.</p> <p>Senior Manager ASP responsible for chairing Case Conferences and leading on self-evaluation & audit activity.</p> <p>Council officer and managers forums established</p> <p>Risk assessment is an integral part of assessment process</p>	2	4	8	<p>Quality assurance framework for ASP activity including new schedule for performance reporting to be developed</p> <p>Engagement with 4 social workers not yet vetted to NPPV status</p> <p>Introduce rolling review of PVGs on 3 yearly basis</p>	<p>31/12/2019</p> <p>31/12/2019</p> <p>31/03/2020</p>	1	4

			<p>with legislative standards.</p>	<p>New Chair of APC appointed Apr '19</p> <p>PVG scheme in place</p> <p>Partnership working at advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.</p> <p>The extension of MAPPA to include Category 3 violent offenders - Risk of Serious Harm training completed.</p> <p>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.</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> <p>Multi-agency audit of CP cases undertaken Nov 2019.</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 & 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 pro-active 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	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>	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>	31/12/2019	Ongoing	3	3
6	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>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

5.1	7	S	Increase in Older population									
<p>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.</p>			<p>Scottish Government providing additional resources for Health and Social Care with emphasis on managing demographic pressures.</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>Agile working for HSCP employees improved efficiency.</p> <p>Annual budget setting takes account of demographic projections.</p> <p>Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for older people.</p> <p>Rollout of Talking Points commenced May 19</p>	4	4	16	<p>Next phase of HSCP Fit for the Future redesign to focus on rehabilitation and frailty pathways</p> <p>Further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets.</p> <p>Continue Council funding for demographic cost pressures</p>	<p>31/12/2019</p> <p>Ongoing</p> <p>Ongoing</p>	4	2	8	Chief Officer HSCP

8	S	Workforce Planning and 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 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. Workforce planning group in place. 2019/20 workforce plan update complete.	3	4	12	Workforce Plan for 2020-23 to be developed following receipt of guidance from Scottish Government. Active review of all request to recruit by HSCP senior management team Improve partnership 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 Ongoing 31/03/2020 31/03/2020	2	4	8	Chief Officer HSCP
2.2	10	S	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.	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	31/03/2020 31/03/2020 Ongoing	4	2	8

5	11	S	In-House Care at Home Service										
			<p>Significant pressures and lack of service capacity (vacancies and absence) impacts on service delivery and quality standards</p> <p>Impact on service users and carers</p> <p>Reputational risk to HSCP and Council</p> <p>Risk of enforcement action should we fail to meet the Care Inspectorate requirements</p>	<p>Movement of some packages to external providers</p> <p>Increased resource to support robust absence management</p> <p>We have recruited additional care at home staff and there is an ongoing recruitment programme</p> <p>New medication policy adopted</p> <p>Commenced medication management training and implemented small scale pilot testing medication policy</p> <p>Oversight Board chaired by Chief Executive established.</p>	4	4	16	<p>Improvement Task Force overseeing phase 2 of improvement activity involving embedding the changes into operational teams and commencing our service redesign activity. This is supported by additional funding to secure resources required.</p> <p>The HSCP will continue to recruit in line with service demands</p> <p>Ensure all Care at Home clients have an up to date review</p> <p>Continued roll out of medication management training</p>	<p>31/12/2020</p> <p>Ongoing</p> <p>30/11/2019</p> <p>ONGOING</p>	3	3	9	Chief Officer HSCP

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