



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	26 September 2018
Agenda Item	9
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

26 September 2018

Report by Chief Financial Officer

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 the bi annual update of 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.

Updated / Removed Risks

8. No risks have been removed since the last update on 27 June 2018.

9. Minor changes have been made to 4 risks since the last update, however there have been no changes to any of the scores.

10. The wording in 1. *Death or significant harm to service user / patient* has been updated following comment from an IJB member; the risk has been changed from 'HSCP action/inaction' to 'HSCP actions'.

11. The wording in 2. *Historic Sexual Abuse Enquiry* been changed from 'foster care' to 'institutional care'.

12. The wording of the risk and mitigations of 5. *Failure to a Provider has been updated* following comments from IJB members and internal review.

13. 6. *Accessing Primary Care* has been updated to reflect work on Primary Care Improvement Plan and discussions with GPs in most affected cluster.

Red and Significant Risks Exception Report

14. 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'.

15. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economy. Whilst the settlement for 2018/19 was an improved position on previous scenarios 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 if current practice of risk sharing for prescribing ceases or changes from hosted services funding structure

16. The HSCP's Chief Finance Officer provides regular updates on partnership funding, actions and risks to the Integration Joint Board and discussed the emerging issues in seminar briefings. The reserves strategy recognises longer term change is required to ensure future sustainability and allows for phased implementation of saving delivery.

CONCLUSIONS

17. The IJB Strategic Risk register has been reviewed and updated to reflect the changes to the following risks

- a. 1. Death or significant harm to service user / patient
- b. 2. Historic Sexual Abuse Enquiry
- c. 5. Failure of a Provider
- d. 6. Accessing Primary Care

RECOMMENDATIONS

18. 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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September 2018

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: June 2018 Strategic Risk Register

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

PAC Paper: April 2018 Strategic Risk Register

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22152&p=0>

PAC Paper: September 2017 Strategic Risk Register Update

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=20984&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: 13/09/2018

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)	Assessment of Residual Risk (With proposed control measures implemented)			Responsible Officer
				Likelihood (Probability) L	Impact (Severity) I	Risk Score (LxI)		Likelihood (Probability) L	Impact (Severity) I	Residual Risk Score (LxI)	
1	C	Death or significant harm to service user / patient Risk of death or significant harm to a service user/patient as a result of HSCP actions. Consequences could include: - loss of life or long term damage and impact on service user & family - may be perceived to have been failure of care - poor workforce morale - reputational damage	Line manager checks as part of periodic supervision Quality assurance of adult support and protection has identified a number of issues for improvement. Improvement Plan in place and new pathway to manage ASP referrals and investigations implemented. Refresher training for Council Officers and frontline managers also delivered. Risk assessments for service users are carried out by staff as and when required Statutory inspection reports	3	4	12	Improvement plan in place for Adult support and Protection and actions being progressed.	2	4	8	Head of Adult Health and Social Care Localities/ /Chief Social Work Officer
2	C	Historical Sexual Abuse Enquiry	Adult Protection Committee and Child Protection Committee have been sighted on these issues. Protocol in place with Legal Services commencing the future risk that may be posed. Risk although low may be difficult to determine due to other indeterminate factors.	2	4	8	Employees have an awareness of the process to follow. Risk although moderate only lies within the institutional care sector.	1	4	4	Chief Social Work Officer

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-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, Adult Protection committees and MAPPA's meetings to deal with the strategic and practice issues.</p> <p>MAPPA extension to include violent offenders who present a serious risk of harm fully implemented. Audit process in place.</p> <p>Development of protection of vulnerable groups scheme (new employees then existing employees) with replacement of enhanced disclosures.</p> <p>Training on MAPPA extension completed.</p> <p>Partnership working is at an advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.</p> <p>The requirement to produce and publish reports of activities.</p> <p>The availability of data with varying limitation for analysis and evaluation.</p> <p>Domestic abuse pathway being reviewed for adults without children.</p> <p>Adult Support and Protection (ASP) process being reviewed.</p>	2	4	8	<p>Following the extension of MAPPA to include Category 3 violent offenders, 3 employees have completed Risk of Serious Harm training, 3 employees are awaiting training dates.</p> <p>Negotiate with Scottish Government on the whole protection agenda for uniformity</p> <p>Ensure the links are made for learning opportunity within the protection agenda.</p> <p>Develop a framework for reporting to the community planning partnership.</p> <p>Proposal paper for Domestic Abuse with HSCP DMT. Interface with "Fit for Future" to be considered. Implementation of "Safe Together" model will be implemented.</p> <p>All front line managers to be provided with refresher training concerning statutory compliance.</p> <p>Refresher training taking place and procedures updated as a result of Adult Support and Protection (ASP) Review</p>	1	4	4	Chief Officer / Chief Social Work Officer

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>The CFO provides regular reporting to IJB and savings progress reviewed as part of budget seminars and report as well as periodically at DMT</p> <p>The Financial Strategy and Budget Updates set out funding expectations and scenarios. The HSCP will influence budget setting process with each of our partners.</p> <p>A local network and CFO section meeting is a discussion and decision making forum for wider issues impacting on partnerships</p>	3	4	12	<p>1.The HSCP's CFO budget update reports provide routine updates on partnership funding, actions and risks. Scenario planning is used to model financial implications. The reserves strategy recognises longer term change is required to ensure future sustainability and allows for phased implementation of saving delivery.</p> <p>2 . Financial reporting to the IJB and P&AC will continue to be developed improving the detail and transparency of financial matters.</p> <p>3. The use of dedicated IJB seminars will continue to address any specific issues</p>	3	4	12	Chief Financial Officer
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>Ensure robust monitoring and 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</p>	4	3	12	<p>Work with providers at risk to support improvement to care quality.</p> <p>Mitigation of impact to include close working with care inspectorate to review and learn from recent provider failure and contingency planning arrangements</p> <p>Work with providers at risk to agree phased and managed approach to closure if required.</p>	3	3	9	Head of Adult Health and Social Care Localities

6	C	Access to Primary Care	<p>The HSCP is supporting development of GP clusters, including quality and tests of change initiatives to increase capacity</p> <p>We support local practices to manage list size by encourage 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</p>	3	3	9	<p>We will support the development and implementation of the new Primary Care Improvement Plan</p> <p>Work with planning department to consider impact and mitigation for new housing developments Regular meetings with GPs in most affected cluster to agree short term measures and discuss and longer term options to increase capacity.</p>	3	2	6	Clinical Director
7	S	Demographic Changes	<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 CHCP and wider council prevention and early intervention strategy for older people.</p> <p>Agile working for HSCP employees improves 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. This has led to creation of various posts that refocus on preventions and early intervention.</p>	4	4	16	<p>HSCP fit for the future review and redesign</p> <p>Community Led Support programme diverting people to community resources and building own assets.</p> <p>Review of balance of care to be undertaken as part of new Integrated Joint Board (IJB) Strategic Plan.</p> <p>Council continues to contribute funding to demographic cost pressures</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.	Development of Workforce plan to support current Strategic Plan								
				3	4	12	Fit for the Future Workforce Planning reviewing processes and structures to ensure HSCP has right staff with right skills in right place for future. 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	2	4	8	Chief Officer HSCP Management Team Head of Adult Health & Social Care Localities
9	S	Children & Young People (Scotland) Act									
		Potential new duties from the Children and Young People (Scotland) Act in relation to extending the age to which care leavers can receive support from their local authority and supporting kinship carers and families will have a significant financial impact and may lead to over demand on HSCP services.	COSLA negotiations on schedule of financial support The Chief Social Worker attends Scottish Government Working Groups.	3	2	6	Resource alignment to support additional duties to comply from 2016 regarding named person, child's plans and additional corporate parenting responsibilities for young people up to 26 years old.	2	2	4	Chief Officer HSCP
10	S	Increase in Vulnerable Adults									
		Increase in the number of vulnerable adults and children with additional support requirements leading to a rise in demand in Education and HSCP services.	Analysis of demographic changes. Increased financial forecasting. Increase in foster carers through local recruitment campaign. Education Resource Group to manage specialist resources and admission to specialist provision Learning disability supported living redesign Implemented Children's Services redesign	4	3	12	Review transition arrangements - child to adult services Inclusive Support redesign Fit for Future redesign Council continues to contribute to funding to demographic cost pressures	4	2	8	Chief Officer HSCP

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