



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	23 September 2020
Agenda Item	11
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 and the recent audit undertaken by East Renfrewshire Council Internal Audit. The objectives of the audit were agreed by the Performance and Audit Committee on 25 September 2019. A copy of the resultant action plan is included at appendix 2.</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 and audit action plan.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****23 September 2020****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 and audit action plan.

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 a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place in November 2019, as meetings scheduled for March and June were suspended due to Covid-19.
9. The majority of Performance and Audit Committee members attended the IJB on 12 August 2020 and will recall the IJB Strategic Risk Register Annual Update where it was noted that all risk scores and risk control measures had been reviewed and updated where necessary and that three new risks had been added to the register.
10. There have been no material changes since the update to IJB in August, however members should note that since last reported to Performance and Audit Committee:-
- The risk score for In-house Care at Home reduced following the significant investment and improvement work undertaken by the service
 - The three new risks have been added
 - *Failures within IT System*
 - *Covid-19 and Recovery*
 - *Analogue to Digital Switchover*
 - No risks have been removed

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'.

Scottish Child Abuse Inquiry

12. 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

13. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economic climate and the uncertainty around Covid-19 and Brexit implications.

14. 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
15. Although '*Failure of a Provider*' is scored at 9 'medium' after mitigation is taken into account, this is still considered a significant risk given the potential impact on service delivery.

Internal Audit Report on IJB Risk Management

16. As part of audit coverage of the Integration Joint Board (IJB), a review of risk management was carried out. This is the first occasion that this area has been the subject of an audit. The review covered the following key control objectives:
 - Risk management policy and strategy is adhered to
 - Risk registers are regularly updated and reported to IJB
 - Actions noted as being required to mitigate risks are SMART
 - Actions in place to mitigate risks can be evidenced
 - Risk ratings appear reasonable in light of actions in place and after further proposed actions are taken to mitigate risks further
17. Four recommendations were made as a result of the audit. The action plan is attached at appendix 2.

CONCLUSIONS

18. Since the last update in November 2019, the revised Risk Policy and Strategy was approved by the Integration Joint Board in January 2020. This has been shared with the Senior Management Team for action, however as we progress towards recovery, a session with the HSCP senior management team will be arranged to review the risk register in full, particularly given the changes to structures and responsibilities following the appointment of our new Head of Recovery and Intensive Services. Any changes will be in line with the recommendations from the audit.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: August 2020: IJB Strategic Risk Register Annual Update

https://www.eastrenfrewshire.gov.uk/media/1786/Integration-Joint-Board-Item-11-12-August-2020/pdf/Integration_Joint_Board_Item_11_-_12_August_2020.pdf?m=637323284404970000

IJB Paper: January 2020: IJB 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: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/1987/Performance-and-Audit-Committee-item-08-27-November-2019/pdf/Performance_and_Audit_Committee_Item_08_-_27_November_2019.pdf?m=637356832342130000

PAC Paper: September 2019: IJB Strategic Risk Register Update

PAC Paper: June 2019: IJB Strategic Risk Register Update

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 08.09.2020

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 11-16 5-10 1-4	Overall rating HIGH MEDIUM LOW	Likelihood (probability) L			Impact (Severity) I	Risk Score (LxI) L	Likelihood (probability) L	
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. 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	New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services. 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	Revise Quality assurance framework for ASP activity (being considered by APC) Undertake evaluation of interim ASP team model to inform future model Commence implement revised ASP procedures once ratified by ASP Develop new schedule for performance reporting for adult services by Prepare for forthcoming ASP inspections – Dec 2020 Senior Manager rota for chairing ASP to be implemented Implement new risk management framework	31.08.2020 30.09.2020 01. 10.2020 31.12.2020 31.10.2020 31.02.2021 31.10.2020	2	4	8	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- MAPPAs) 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 MAPPAs 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>31/03/2021</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	3	4	12	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

5.1	7	C	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>Conclude redesign work focusing 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>Unscheduled Care Action Group to take forward agreed unscheduled care commissioning programme of activity - Financial Framework to be agreed.</p>	31/03/2021	Ongoing	Ongoing	4	2
	8	C	Workforce Planning and Change										
			<p>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</p>	<p>2019/20 workforce plan update complete.</p> <p>All intensive services staff made permanent (late 2019).</p> <p>Workforce planning group established (although on hold due to Covid-19)</p> <p>HSCP management team actively review of all request to recruit.</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from</p>	3	4	12	<p>Develop Workforce Statement for 2020/21 (<i>The 3 year Workforce Plan has been postponed</i>)</p> <p>Restart Workforce Planning Group following receipt of SG guidance</p> <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</p>	DATE TBA PENDING SG ADVICE	DATE TBA PENDING SG ADVICE	31/03/2021	Ongoing	2

			uncertainty impacts on ability to recruit and retain staff.	Covid-19 and our response to the emergency).				term health conditions to better understand the impact of covid-19 on service delivery						
								Continue to provide personalised supports to the workforce in relation to trauma experienced during covid-19	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.	Appointed Advanced Practitioner to improve practice across adult and children services in preparing young people with additional support needs for adulthood 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 The Resource Allocation Group (RAG) has strengthened its membership to include an educational psychologist and occupational therapist				HSCP/Education to meet to look at strengthening transition arrangements Council continues to contribute to funding to demographic cost pressures	31/10/2020 Ongoing					Chief Officer HSCP
					4	3	12			4	2	8		

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> <p>Permanent Registered Manager to commence in post (Aug-20)</p>	3	4	12	<p>Increase level of quality assurance.</p> <p>Roll out medication management training to remaining staff.</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>	01.09.2020					
		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</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</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>	31.10.2020		2	2	4	IT Business Partner

		failed due to ERC and 3rd party technical system issues.	solution) concluded 14.4.20 with changes to rules that should reduce 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>	4	3	12	<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>	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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Report on Audit of IJB Risk Management

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Chief Auditor
MB/1118/RM
21 February 2020

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Report on Audit of IJB Risk Management**1. Introduction**

As part of audit coverage of the Integrated Joint Board (IJB), a review of risk management was carried out. This is the first occasion that this area has been the subject of an audit.

2. Scope

The review covered the following key control objectives:

- Risk management policy and strategy is adhered to
- Risk registers are regularly updated and reported to IJB
- Actions noted as being required to mitigate risks are SMART
- Actions in place to mitigate risks can be evidenced
- Risk ratings appear reasonable in light of actions in place and after further proposed actions are taken to mitigate risks further

The objectives of the audit were agreed by the IJB Performance and Audit Committee on 25 September 2019.

3. Conclusion

An update of the IJB Strategic Risk Register (SRR) is a standing agenda item for each meeting of the Performance and Audit Committee. Each update covering report includes a useful paragraph highlighting any changes from the previous update in terms of new risks added or updated/removed risks. The findings in this report are considered to be minor and all categorised as low risk. Some of the proposed risk control measures could be clearer as to timescale for implementation.

The following points are made and require attention:

4. Findings and Recommendations**4.1 Risk scores**

In the latest update of the SRR as submitted to the Performance & Audit Committee on 27 November 2019, there are 32 proposed control measures. Of these, 14 show “ongoing” in the column headed “Completion date for proposed Risk Control Measure”. This makes it difficult to verify in terms of whether this means ongoing implementation, or full implementation has been achieved and continues to operate, or the control has yet to be started and is in development only.

One of the proposed risk control measures did not show any entry in this column.

Recommendation

4.1.1 In the column headed “Completion date for proposed Risk Control Measure” all proposed risk control measures should show an implementation date for being put in place or a review date where they are “ongoing”.

4.2 Format of operational risk registers

A check of the 15 HSCP operational risk registers which have been updated in 2019 highlighted that two are using the NHS template, others are using the Council’s format. There are good features in both, but different information is

being shown. For example, there are no actual risk scores in the NHS version, only high, medium or low. There are also no proposed control measures, only those deemed to be currently in place. The Head of Finance and Resources stated that it is necessary to have both formats as whichever organisation operates the service should be responsible for ownership of the register.

Three operational risk registers were selected at random and two control measures checked for each. Two of these registers were found to be in the previous Council format which is several years out of date. Specifically, the previous version did not require specific timescale to be provided for proposed control measures.

Recommendation

4.2.1 The most recent version of the ERC operational risk register should be used in all cases.

4.3 SMART control measures

A sample of control measures was selected on a random basis from both the SRR and operational risk registers. Efforts have been made to make the control measures more SMART. However, it was found that some of the control measures were easier to demonstrate and evidence as complying with SMART criteria than others. It was also noted that some of the risks had a large number of control measures listed which possibly reflects the wide-ranging, far reaching and high level nature of some of the risks however not all of them were actual control measures, rather notes or comments.

Recommendation

4.3.1 Control measures should comply with SMART criteria and consideration given to removing or annotating as notes those which are not genuine controls.

4.4 Business Continuity Plan

Two of the operational risk registers sampled included as a control measure that a Business Continuity Plan is in place. When Audit asked to see these, in both cases the Business Impact Assessment which is different from the Plan was provided. It is acknowledged that the business impact assessment is the initial document used to form the business continuity plan. One of these was an NHS operational risk register and business impact assessment and therefore may be included within a wider NHS business continuity plan.

Recommendation

4.4.1 Either the Business Continuity Plans should be provided to Audit or the risk registers amended to refer to the Business Impact Assessment as the risk control measure in place.

Chief Auditor
21 February 2020

ACTION PLAN

Risk Ratings for Recommendations	
High	<ul style="list-style-type: none"> • Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole. • Corrective action must be taken and should start immediately.
Medium	<ul style="list-style-type: none"> • There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole. • Corrective action should be taken within a reasonable timescale.
Low	<ul style="list-style-type: none"> • Area is generally well controlled or minor control improvements needed. • Lower level controls absent, not being operated as designed or could be improved
Efficiency	<ul style="list-style-type: none"> • These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.

Ref.	Recommendation	Risk Rating	Accepted Yes/No	Comments (if appropriate)	Officer Responsible	Timescale for completion
4.1.1	In the column headed "Completion date for proposed Risk Control Measure" all proposed risk control measures should show an implementation date for being put in place or a review date where they are "ongoing".	Low	Yes	Where a risk control measure is ongoing a review date will be added.	Head of Finance and Resources	23-09-2020
4.2.1	The most recent version of the ERC operational risk register should be used in all cases.	Low	Yes	Where the ERC format is appropriate we will ensure the current version is used. The revised Risk Management Policy was issued to SMT in March and a follow up check will be done to ensure the most recent version is being used by operational services.	Head of Finance and Resources	31-03-2021

Ref.	Recommendation	Risk Rating	Accepted Yes/No	Comments (if appropriate)	Officer Responsible	Timescale for completion
4.3.1	Control measures should comply with SMART criteria and consideration given to removing or annotating as notes those which are not genuine controls.	Low	Yes	The IJB risk register will be reviewed to ensure all measures comply with SMART criteria.	Head of Finance and Resources	23-09-2020
4.4.1	Either the Business Continuity Plans should be provided to Audit or the risk registers amended to refer to the Business Impact Assessment as the risk control measure in place	Low	Yes	The HSCP Business Continuity Plan has been updated and a copy shared with Audit.	Business Manager: Resources & Recovery	01-06-2020