



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	23 June 2021
Agenda Item	11
Title	IJB Strategic Risk Register
<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>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****23 June 2021****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 2020 as the March meeting was cancelled as a result of the pandemic response.
9. There have been no major changes since the last update in November in that:-
- There has been no change to risk scores
 - No new risks have been added
 - No risks have been removed
10. The risk control measures in place have been updated to include any proposed mitigation which has been completed since last reported. Proposed implementation dates have also been reviewed and updated where necessary.
11. In addition members should also note the following:-
- We have now had feedback on the Newton Mearns capital bid which was unsuccessful with deprivation being a strong weighting factor.
 - We have updated the IT risk to reflect the global supply shortage affecting NHSGGC who are currently experiencing procurement issues with regards to laptops. We are looking at the possibility of reprioritising existing equipment as a temporary solution.
 - We are seeing increased frailty along with an increase in severity of mental health conditions post pandemic and this is creating additional pressure on services.

Post Mitigation - Red and Significant Risks Exception Report

12. 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

13. Key learning from the Section 21 notice has been shared and no further mitigations have been identified due to the historic nature of this risk

Financial Sustainability

14. 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.

15. Brexit working groups and national events have recommenced and we continue to monitor developments.
16. There remains 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 and other pressures, or realise future efficiencies and savings
 - Implications from hosted services
 - Prescribing volatility
17. 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.

RECOMMENDATIONS

18. 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

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
lesley.bairden@eastrenfrewshire.gov.uk
0141 451 0746

June 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: November 2020: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/4339/Performance-and-Audit-Committee-item-8-25-November-2020/pdf/Performance_and_Audit_Committee_item_8_-_25_November_2020.pdf?m=637413112993830000

PAC Paper: September 2020: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/3488/Performance-and-Audit-Committee-Item-11-23-September-2020/pdf/Performance_and_Audit_Committee_Item_11_-_23_September_2020.pdf?m=637360286481870000

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

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 15.06.2021

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) Lxl		Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI) Lxl
					11-16	HIGH										
n/a	1	C	Death or significant harm to vulnerable individual													
			<p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions.</p> <p>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.</p>	<p>Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p> <p>Updated professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across adult services.</p> <p>Rolling programme for refresher training and quality assurance for Council Officers and frontline managers and registered services following launch of ASP procedures 1 November.</p> <p>Completed self-evaluation and audit of Practice Development.</p>	3	4	12	<p>Quality assurance of Adult Service Improvement Plans</p> <p>Develop new schedule for performance reporting for adult services.</p> <p>Prepare for forthcoming ASP inspections.</p> <p>Implement new risk management framework</p> <p>MHC&T Act procedure to be developed and implemented following mental health review</p>	<p>31.12.2021</p> <p>Ongoing (review Dec 21)</p> <p>31.10.2021</p> <p>31.03.2022</p> <p>30.09.2021</p>	2	4	8	<p>Head of Adult Health and Social Care Localities / Head of Recovery and Intensive Services / Chief Social Work Officer</p>			

			<p>Increased frequency of APC. Improved reporting schedule from sub-committees.</p> <p>New ASP Team commenced January 2021. Senior Management rota for chairing ASP implemented</p> <p>Professional supervision policy in place to provide professional leadership.</p> <p>Adult service improvement plans implemented</p> <p>New ASP & LSI procedures finalised and will go live 1st July 21</p> <p>ASP Quality Assurance framework implemented</p>										
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>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry have noted that they may come back for further information. Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	4	3	12			4	3	12	Chief Social Work Officer

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>	2	4	8	<p>Develop new schedule for performance reporting for adult services.</p>	Ongoing (review Dec 21)	1	4	4	<p>Chief Social Work Officer</p>
	<p>"Safe Together" model implemented.</p>				<p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations.</p>	31/12/2021				
	<p>Data report and outcome report for children's services completed (COPP - May 2020).</p>				<p>Strengthen reporting arrangements around SSSC registrations.</p>	31/12/2021				
	<p>Rolling programme for 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>Increased communication and intelligence sharing with other statutory bodies implemented during Covid-19.</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. Engagement taken place with workers not yet vetted to NPPV status.</p>									
	<p>Quarterly external audit of MAPPAs cases in place.</p>									
	<p>Multi Agency Risk Assessment Conference (MARAC) fully operational (05.03.19).</p>									

				<p>PVG (Protecting Vulnerable Groups) scheme in place.</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>Process in place for annual review of quality assurance framework for ASP activity</p> <p>Interim APC Chair in place.</p> <p>Training delivered to managers within adult services on supervision policy, quality assurance framework, management oversight.</p> <p>Council officer and managers forums established.</p> <p>New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p>								
--	--	--	--	--	--	--	--	--	--	--	--	--

4	S	<p>Financial Sustainability</p> <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. Medium Term Financial Plan latest revision June 21</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 2022/23 budget.</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>	<p>31/03/2022</p> <p>31/03/2022</p> <p>Ongoing (review 31/03/2022)</p> <p>Ongoing (review 31/03/2022)</p>	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>Actions from independent learning review complete – reporting procedure in place and monthly meetings established</p> <p>We work with providers at risk to agree phased and managed approach to closure if required.</p> <p>We are working with providers to ensure market sustainability and explore the service models moving forward.</p> <p>Care Home assurance group established May 2020 (meets twice weekly). Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support</p> <p>Two community hubs established to provide range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support</p>	4	3	12	<p>Reshape strategic commissioning plan based on outcome of the work exploring models of service delivery. Annual progress will inform our longer term approach.</p>	31/03/2022	3	3	9	CFO
-----	---	---	--	--	---	---	----	--	------------	---	---	---	-----

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>Support 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>Signpost new residents to Practices registering patients for postcode area.</p> <p>Scoping ways to increase capacity for PCIP staff at existing sites, and exploring potential other sites</p> <p>Exploring revenue funded solutions around GP space in Newton Mearns and Neilston</p>	<p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p>	3	2	6	Clinical Director
5.1	7	C	Increase in frail older population									
			<p>Increase in frail 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. Conclude redesign work focusing on rehabilitation</p> <p>Agile working for HSCP employees improved efficiency.</p> <p>Talking Points (commenced May 19).</p> <p>Annual budget setting takes account of demographic projections.</p>	4	4	16	<p>Develop frailty pathways as part of wider UCC work</p> <p>Reopen and further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets.</p> <p>Reviewing front door arrangements to ensure fit for purpose in terms of recovery</p> <p>Unscheduled Care Action Group to take forward agreed unscheduled care commissioning programme of activity - Financial Framework to be agreed.</p>	<p>31.03.2022</p> <p>Ongoing (review Mar 22)</p> <p>30.09.2021</p> <p>30.09.2021</p>	4	2	8

			Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for older people.				Continued Council funding for demographic cost pressures.	Ongoing (review Mar 22)					
8	C	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.	2019/20 workforce plan update complete. All intensive services staff made permanent (late 2019). Workforce planning group restarted HSCP management team actively review of all request to recruit. Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).	3	4	12	Publication of Interim Workforce Plan for 2021/22 (This has been developed and submitted to SG for feedback) (<i>The 3 year Workforce Plan has been postponed</i>). Include provider representation in workforce planning group and actions Develop workforce information to include data on staff with long term health conditions to better understand the impact of covid-19 on service delivery. Continue providing personalised supports to workforce in relation to trauma experienced during covid-19.	31/08/2021 31/03/2022 Ongoing (review Mar 22) Ongoing (review Mar 22)	2	4	8	Chief Officer HSCP	
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.	Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood. Analysis of demographic changes and increased financial forecasting. Education Resource Group manage specialist resources and admission to specialist provision. Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.	4	3	12	Conclude work currently being undertaken by Children's and Adult Services reviewing the Transitions Pathway to enable a smoother transition for young people transitioning to adult services Council continues to contribute to funding to demographic cost pressures.	30.09.2021 Ongoing (review Mar 22)	4	2	8	Chief Officer HSCP	

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. Increased resource to support robust absence management. Medication policy reviewed Jun 21 Medication management training embedded in rolling training programme. Oversight Board chaired by Chief Executive established. Improvement Task Force overseeing phase 2 of improvement activity re-established. Regular updates being provided to CI Performance management of reviewing activity in place through weekly reporting. Single base agreed for Care at Home Embedded full time Pharmacy resource within the service (Jul-20). Increased level of quality assurance in place.</p>	3	4	12	<p>Roll out medication management training to remaining staff. Re-mobilise the service redesign activity.</p>	31/03/2022 Ongoing (review Mar 22)	2	3	6	Chief Officer HSCP
		N	Failures within IT System										
			<p>Critical information not been received due to failures in IT system Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>	<p>Specific email addresses can be added to whitelist if required. Emails can be manually released. Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise. Phase 1 of ICT Clearswift Review (looking at setup of rules and</p>	3	2	6	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p>	TBC	2	2	4	IT Business Partner

			<p>configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking.</p> <p>Availability of IT equipment due to global supply issues</p> <p>Discussions taking place at NHSGGC Tactical Group</p> <p>Exploring options around BLAST</p>				<p>Finalise prioritisation exercise to identify individuals with highest need for equipment</p>	30.06.2021				
		N	COVID19 & RECOVERY									
			<p>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> <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>Regular testing regime in place for care home and health and social care staff</p> <p>Majority of staff fully vaccinated</p> <p>Resilience Management Team continues to meet regularly</p> <p>Agile working capability for majority of staff.</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>	<p>4</p>	<p>3</p>	<p>12</p>	<p>Scoping of accommodation and resource requirements and reintroduction of services</p> <p>Regular sit rep reporting identifies changes in response and recovery and identifies escalations.</p> <p>Regular recovery meeting to review progress.</p> <p>SMT focus on recovery.</p>	<p>Ongoing (review Sep 21)</p> <p>Ongoing (review Sep 21)</p> <p>Ongoing (review Sep 21)</p> <p>Ongoing (review Sep 21)</p>	<p>3</p>	<p>3</p>	<p>9</p>	

			<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' with further review underway</p> <p>Redeployment of staff to support critical functions.</p> <p>Infection control procedures and arrangements for PPE in place.</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>									
		S	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

BLANK PAGE