
Report To:	Inverclyde Integration Joint Board Audit Committee	Date: 28 January 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: IJB/02/2020/LA
Contact Officer:	Lesley Aird	Contact No: 01475 715381
Subject:	IJB RISK REGISTER	

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update to the Audit Committee on the status of the IJB Strategic Risk Register.

2.0 SUMMARY

- 2.1 The IJB Risk Register is fully reviewed at least twice a year by the Inverclyde HSCP Senior Management Team with any recommended changes taken to this Committee for approval.
- 2.2 The process for reporting risks across the HSCP and IJB has been summarised to highlight what is reported to the IJB and when.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Committee:
1. Reviews the content of this report;
 2. Agrees the IJB Strategic Risk Register;
 3. Agreed the future reporting process, and
 4. Notes any High/Red Risks contained in other HSCP Operational Risk Registers.

Louise Long, Chief Officer

4.0 BACKGROUND

- 4.1 The Integration Joint Board (IJB) Strategic Risk Register covers the risks specific to the IJB and its operations. In addition the Health and Social Care Partnership (HSCP) has an operational register for Social Care and Health Service operations and a Project Risk Register for the new Greenock Health Centre Capital Project.
- 4.2 On 20 February 2019, the IJB undertook a full review and update of the current IJB risk register facilitated by CIPFA. The outcome of that session was approved by the March Audit Committee and the enclosed risk register is based on the outcome of that work.
- 4.3 The IJB risk register is formally reviewed by the Inverclyde HSCP Senior Management Team at least twice a year, the last review took place on 18 December 2019. The IJB Risk Register and any changes then come to the IJB Audit Committee twice each year.

5.0 IJB STRATEGIC RISK REGISTER

- 5.1 The IJB Strategic Risk Register was fully reviewed and rescored by the IJB at a development session on 20 February 2019 facilitated by CIPFA. At that session the Board considered the risks relevant for the IJB, current controls and mitigations in place and agreed relevant risk scores for each. The current Risk Register contains 6 Strategic Risks based on those discussions and feedback through the March Audit Committee with subsequent updates as agreed by the HSCP SMT. The updated register is enclosed at Appendix A.
- 5.2 The current reporting mechanism for risk management within the IJB is enclosed at Appendix B. The Committee is asked to consider tolerance levels for future reporting. Options are that the Committee:
 - a) continues to see all IJB risks regardless of score each time it reviews the register, or
 - b) will review the full list annually and mid-year will review only those risks scoring above a certain level e.g. 9 or 10 and above, which carry additional control actions.

6.0 SIGNIFICANT RISKS ON OTHER HEALTH AND SOCIAL CARE RISK REGISTERS

- 6.1 The HSCP Operational Risk Register and Greenock Health Centre Capital Project Risk Register have their own reporting lines.
- 6.2 All Very High or Red Rated risks on either the HSCP Operational Risk Register or the Project Risk Register for the New Greenock Health Centre are also reported to the IJB Audit Committee for noting.
- 6.3 HSCP Operational Risk Register – Very High/Red Risks

SMT review the current register on a monthly basis. As at 18 December 2019 there one risk currently classified as Very High/Red:

- Mental Health Medical Workforce: Score 16: risk of failing to maintain medical capacity and clinical leadership. A paper is going to the January IJB which covers the current issues and planned actions to address these. Risk mitigations include: working closely with other HSCPs, employment of locums and working with Clinical staff to try to retain existing medics and trainees.

6.4 New Greenock Health Centre Capital Project Risk Register – Very High/Red Risks

The New Health Centre Programme Board reviews the Project Risk Register at each meeting. As of the 17 December 2019 meeting of the Project Board there were no risks on the register ranked very high/red.

7.0 DIRECTIONS

7.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

8.0 IMPLICATIONS

8.1 FINANCE

There are no direct financial implications within this report. Financial risks are identified in the Registers.

One-off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

8.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

8.3 There are no specific human resources implications arising from this report.

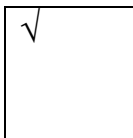
EQUALITIES

8.4 There are no equality issues within this report.

8.4.1 Has an Equality Impact Assessment been carried out?

☐

YES



NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

8.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

8.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

9.0 CONSULTATION

- 9.1 This report has been prepared by the Head of Strategy & Support Services in consultation with other members of the Senior Management Team.

PROPOSED NEW IJB RISK REGISTER

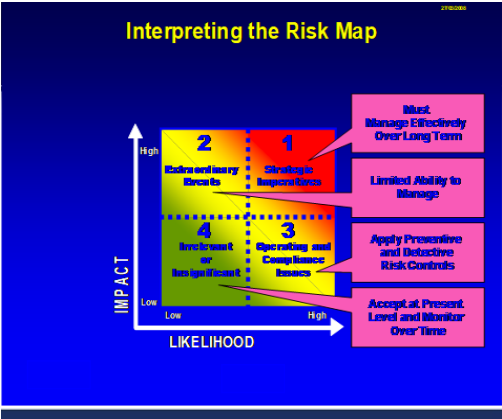
Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	19/03/2019
Date Last Reviewed by Officers	18/12/2019

Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT	L'HOOD	Risk Score	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
Governance							
1	Effective Governance Risk through partner organisational restructures causing additional governance complexity, not having the right skills mix on the IJB, lack of clarity of role & ability to make decisions, lack of effective horizon scanning, inability to review the performance of Board, poor communications, or perceived lack of accountability by the public. Potential Consequences: Poor decision making, lack of critical skills lead to 'blind spots' or unanticipated risks, partners disengage from the IJB, dysfunctional behaviours, fail to deliver the strategic plan.	1. IJB themed development sessions carried out throughout the year to update members on key issues 2. Code of Conduct for members 3. Standards Officer appointed 4. Chief Officer is a member of both Partner CMT's & has the opportunity to influence any further governance mechanism changes 5. Regularly planning/liason meetings between Chief Officer and Chair/Vice Chair 6. Internal and External Audit reviews of governance arrangements 7. IJB Self Assessment 8. Clinical and Care Governance arrangements and staffing 9. Development/induction programme in place for IJB members	4	2	8	All actions in place	Chief Officer
2	Maintaining Effective Communication and Relationships with Acute Partners During Transformational Change Risk due to partnership breakdown caused by different priorities & pressures resulting from transformational change agenda leading to loss of trust or effective communication. Potential Consequences: relationship breakdown, dysfunctional working relationships, cannot affect or influence change or priorities, resources skewed towards acute care away from preventative, unable to deliver strategic plan.	1. HSCP/Acute joint working groups - regular interface meetings looking at risks, lessons learned, joint problem solving 2. CO on HB CMT along with Acute Colleagues 3. Developing commissioning plans in partnership with Acute colleagues 4. Market Facilitation Statement 5. Early referral system and clear planning in place for each service user/patient 6. Market Facilitation Plan in place	3	3	9	Ongoing monitoring of the impact of the transformational plan and unscheduled care changes supporting delayed discharge and bed day reduction and their impact on the relationships with Actue	Head of Adult and Community Care
Resources & Performance							
3	Financial Sustainability / Constraints / Resource Allocation Risk due to increased demand for services, potentially not aligning budget to priorities, and/or anticipated future funding cuts from our funding partners which leave the IJB with insufficient resources to meet national & local outcomes & to deliver Strategic Plan Objectives Potential Consequences: IJB unable to deliver Strategic Plan objectives, reputational damage, dispute with Partners, needs not met, risk of overspend on Integrated Budget	<u>Resources/Finance</u> 1. Strategic Plan 2. Due Diligence work 3. Close working with Council & Health when preparing budget plans 4. Regular budget monitoring reporting to the IJB 5. Regular budget reports and meetings with budget holders 6. Regular Heads of Service Finance meetings 7. Close working with other local Authority and GG&C Finance colleagues and HSCP CFOs to deliver a whole system approach to financial planning and delivery 8. Medium to Long Term Finance Plan	4	3	12	Horizon scanning - ongoing discussions with Council and Health Board Finance Officers, national CFO network and Scottish Government	Chief Financial Officer

Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating	L'HOOD Rating	Risk Score	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
4	<p>Workforce Sustainability and Implementation of People Plan Risk in not delivering the People Plan objectives</p> <p>Potential Consequences: Don't attract or retain the right people, don't have an engaged & resilient workforce, service user needs not met, strategic plan not delivered, & reputational damage.</p>	<p><u>Resources/Workforce</u></p> <ol style="list-style-type: none"> 1. People Plan and quarterly progress reporting 2. EKSF, TURAs monitoring 3. Training budgets 4. Workforce Planning 5. Succession Planning for Local Authority Staff 6. Staff Governance Group & reports 	4	3	12	Difficulties in respect of recruitment to specialist roles, using agency staff short term to address this	Head of Strategy and Support Services
5	<p>Performance Management Information Risk due to lack of quality, timeous performance information systems to inform strategic & operational planning & decision making.</p> <p>Potential Consequences: Misallocate resources to non-priority areas, lack of focus, decisions based on anecdotal thinking or biased perspectives, & community needs not met.</p>	<p><u>Performance</u></p> <ol style="list-style-type: none"> 1. Performance management infrastructure and reporting cycle 2. Regular financial monitoring reports showing performance against budget and projected outturns 3. Locality planning arrangements 4. Robust budget planning processes 5. Quarterly Performance Reviews 6. Data repository regularly updated 7. Quality strategy and self evaluation processes 8. Regular review of Performance reporting frameworks 	3	3	9	<p>IJB members need to advise officers on what additional information is required - as required</p> <p>More data to be made available as a matter of course on the HSCP website</p>	<p>IJB Members</p> <p>Head of Strategy & Support Services</p>
Strategy							
6	<p>Locality Planning to Better Understand the Needs of the Community Risk of failure to effectively deliver locality planning</p> <p>Possible consequences: Poor quality decision making, don't address health inequalities or understand root causes of why they persist, lack of understanding about future needs & service demands, unable to allocate resources appropriately to deliver the strategic plan, high levels of disease, drug & alcohol misuse consume ever more resources.</p>	<ol style="list-style-type: none"> 1. Community Engagement led by 3rd sector partners 2. Health Education Programmes 3. Locality planning to enhance local targeting of services 4. Strategic Planning Group 5. Equalities Outcomes as part of the Strategic Plan 6. Strategic Needs Assessment Work which is advanced at a community and care group level 7. The above informs work across care groups and partnership working 	3	2	6	Work ongoing in developing localities	Head of Strategy and Support Services

- Requires active management.**
High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level. Very High
- Contingency plans.**
A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan. High
- Good Housekeeping.**
May require some risk mitigation to reduce likelihood if this can be done cost effectively, but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same. Medium (5-9)
- Review periodically.**
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed. Low

Risk Impact					
	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
Financial	<£100k	£100k-£250k	£250k-£500k	£500k-£1,000k	£1,000k>
Reputation	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
Legal and Regulatory	Minor regulatory or contractual breach resulting in no compensation or loss	Breach of legislation or code resulting in a compensation award	Regulatory censure or action, significant contractual breach	Breach of regulation or legislation with severe costs/fine	Public fines and censure, regulatory veto on projects/ withdrawal of funding. Major adverse corporate litigation
Operational/ Continuity	An individual service or process failure	Minor problems in specific areas of service delivery	Impact on specific customer group or process	Widespread problems in business operations	Major service of process failure impacting majority or major customer groups
Likelihood					
	1	2	3	4	5
	Rare	Unlikely	Possible	Probable	Almost Certain
Definition	Not likely to happen in the next 3 years	Unlikely to happen in the next 3 years	Possible to occur in the next 3 years	Likely to occur in the next year	Very likely to occur in the next 6 months



Inverclyde Integration Joint Board (IJB)

Approach to Risk Management/Risk Registers

Introduction

The IJB approved a Risk Strategy in August 2016. This Strategy outlined the IJB approach to risk management and detailed the IJB risk appetite. Following this the IJB developed a strategic risk register covering the risks associated with the IJB.

The operational delivery of IJB activity is carried out through the Health and Social Care Partnership (HSCP). Operational activity in relation to operational risk management is carried out in accordance with the governance and reporting requirements of Inverclyde Council for services delivered through Social Care and NHS Greater Glasgow & Clyde (GG&C) for Health Services.

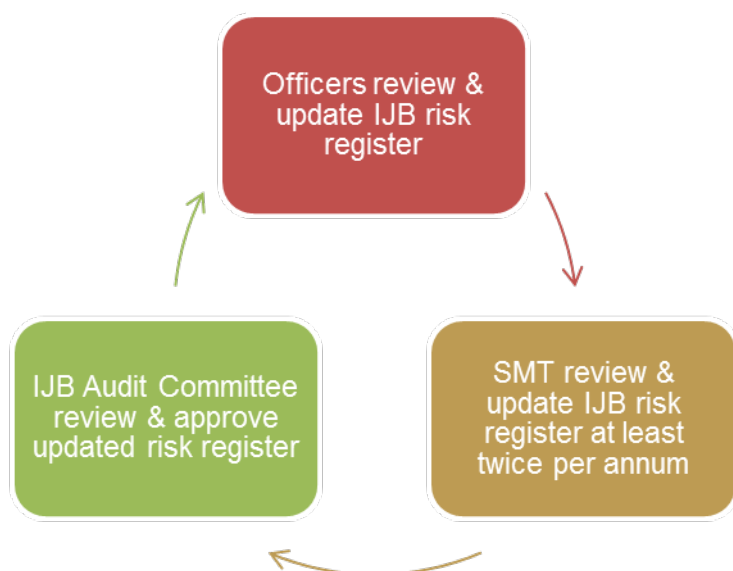
The Inverclyde HSCP Operational Risk Register is an integrated one covering both Social Care and Health. It is overseen by HSCP Officers, reviewed at least twice per annum by the HSCP Senior Management Team (SMT) then the Clinical and Care Governance Group.

In addition there is an operational risk register in relation to the new Greenock Health Centre Capital Project which is overseen by the Project Board, Hubco and the Health Board's Capital Planning Group.

Review and Reporting Lines

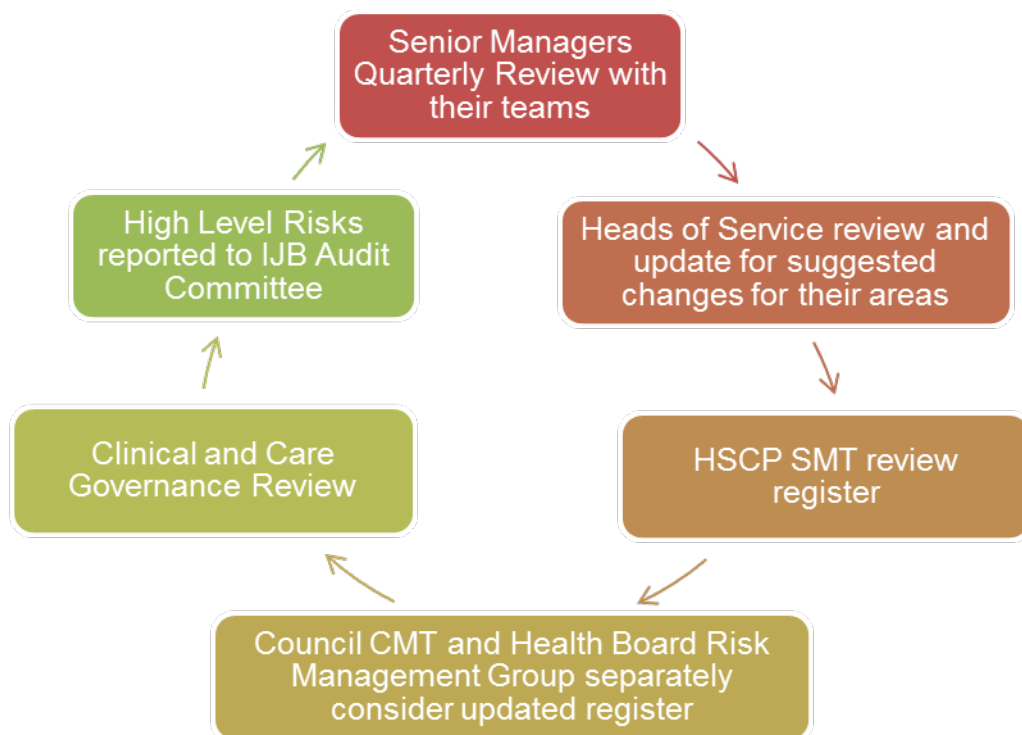
IJB Strategic Risk Register

This is reported to every IJB Audit Committee meeting and is formally reviewed at least twice a year by the HSCP SMT in line with the chart below:



HSCP Operational Risk Register

The following process is followed to review and update the HSCP risk register. Going forward all Risks categorised as Amber/High will be reported to the IJB Audit Committee along with the IJB Risk Register.



New Health Centre Capital Project Risk Register

The following process is followed to review and update the Health Centre Capital Project risk register. Going forward all Risks categorised as Amber/High will be reported to the IJB Audit Committee along with the IJB Risk Register.

