Report To:	**Inverclyde Integration Joint Board Audit Committee**	**Date: 21 June 2021**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:** **IJBA/09/2021/LL**
Contact Officer:		**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, and seek Audit Committee endorsement to the approach to risk management and approve updated terminology on the IJB Risk Appetite Matrix.

2.0 SUMMARY

2.1 The process for reporting risks across the HSCP and IJB has been summarised to highlight what is reported to the IJB and when.

2.2 The IJB held an Audit Committee Development Session on 15 March 2021, at that session the Board agreed it wished to update the terminology used in its risk appetite matrix. A further session will be arranged for a detailed review of the risk appetite with the wider IJB.

2.3 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.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Committee:

1. Reviews the content of this report;
2. Endorse the approach to risk management;
3. Notes the updated risk appetite matrix and agrees facilitated session on risk appetite statement for IJB future approval;
4. Agrees that Audit Committee will review risk register in September and March each year;
5. Agrees IJB Strategic Risk Register.

 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 The IJB held an Audit Committee Development Session on 15 March 2021, facilitated by Elizabeth Humphrey of CIPFA. The session focussed on:
- Audit Committees, roles and responsibilities
- Developing skills
- Risk management
- Assurance

At the session the Board agreed it wished to update the terminology used in its risk appetite matrix.

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 24 May 2021. 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 updated IJB Strategic Risk Register is enclosed at Appendix A. Changes since the last report are:

- Risk 1 – Effective Governance – updated narrative in the Additional Controls column
- Risk 3 – Financial Sustainability – risk score has not been changed as this still remains a significant risk. The Responsible Officer column has been updated to reflect the new CFO job title of Head of Finance, Planning & Resources Updated narrative in risk column.
- Risk 4 – Financial Implications of Covid
  - o the risk score on this risk has been reduced to reflect the funding already received and assurances given by Scottish Government regarding ongoing funding. The original risk was scored at a time when there were no guarantees about full funding for covid
  - o updated narrative in the Additional Controls column
  - o the Responsible Officer column has also been updated to reflect the new CFO job title
- Risk 5 – Workforce Sustainability
  - o updated narrative in the Additional Controls column
- Risk 6 – Performance Management Information
  - o updated narrative in the Additional Controls column
  - o the Responsible Officer column has also been updated to reflect the new Head of Service job title
- Risk 7 – Locality Planning
  - o updated narrative in the Additional Controls column
  - o the Responsible Officer column has also been updated to reflect the new Planning Manager role and new Head of Service job title

5.2 Significant Risks of other HSCP Risk Registers

The HSCP Operational Risk Register and Greenock Health Centre Capital Project Risk Register have their own reporting lines.

5.3 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.

5.4 HSCP Operational Risk Register – Very High/Red Risks

LRMT review the current register on a monthly basis and SMT reviews monthly. As at 26 May 2021 there are no risks currently classified as Very High/Red:

5.5 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 1st June meeting of the Project Board there were no risks on the register ranked very high/red. The Greenock Health Centre will now be stepped down after successful completion of the project so there will no longer be a requirement for separate risk register.

6.0 IJB STRATEGIC RISK APPETITE MATRIX

6.1 Based on the discussion at the development session the IJB members present agreed that some of the terminology on the original risk appetite matrix should be updated:

Current Wording	Revised Wording
Issue	Concern
Possible	Likely – medium/long term
Probable	Probable – short/medium term

Appendix C shows the proposed updated matrix and originally agreed matrix.

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

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	All protected characteristic groups are considered as part of the risk register.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	HSCP would act appropriately to any identified issues regarding discrimination
People with protected characteristics feel safe within their communities.	All service ensure that people using the service feel safe.
People with protected characteristics feel included in the planning and developing of services.	Service user consultation is an essential element of all services
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	HSCP complete holistic assessment to ensure individual need is identified.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Currently being addressed at the Learning Disability programme Board.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Positive attitude is promoted throughout Inverclyde.

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

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	Our continue focus on Home 1st approach ensure frail and elderly people can remain at home longer.
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.	Provider substantiality payments ensure our most vulnerable service users receive support during the pandemic.
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 was prepared by the Acting Head of Strategy & Support Services in consultation with other members of the Senior Management Team.

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.
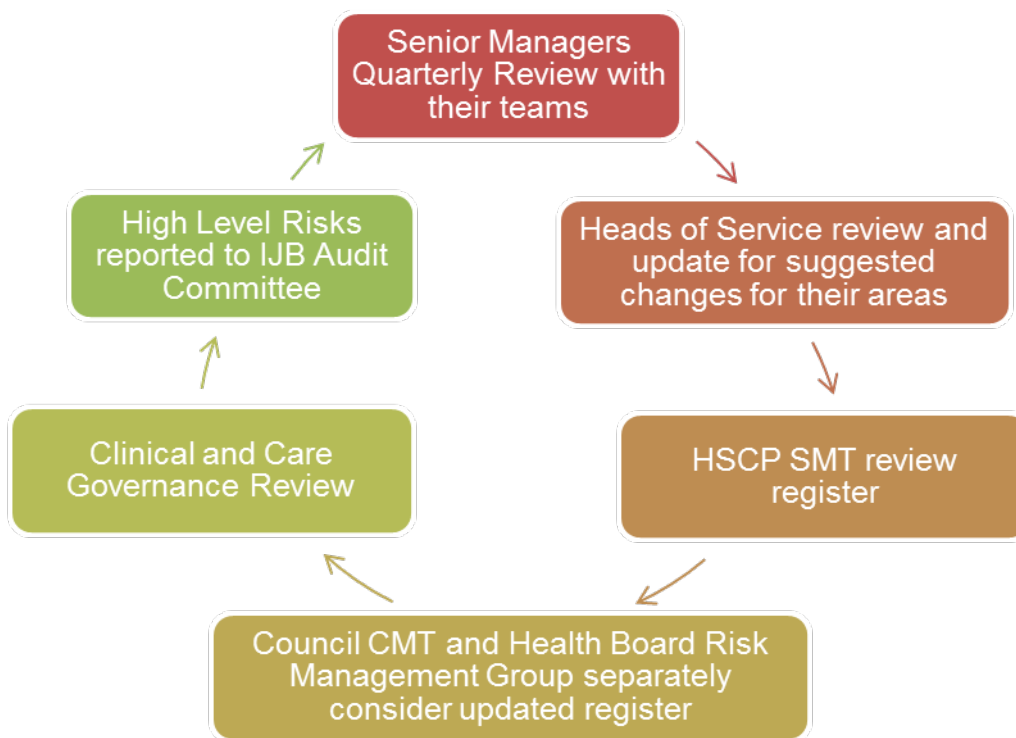
Review and Reporting Lines

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:
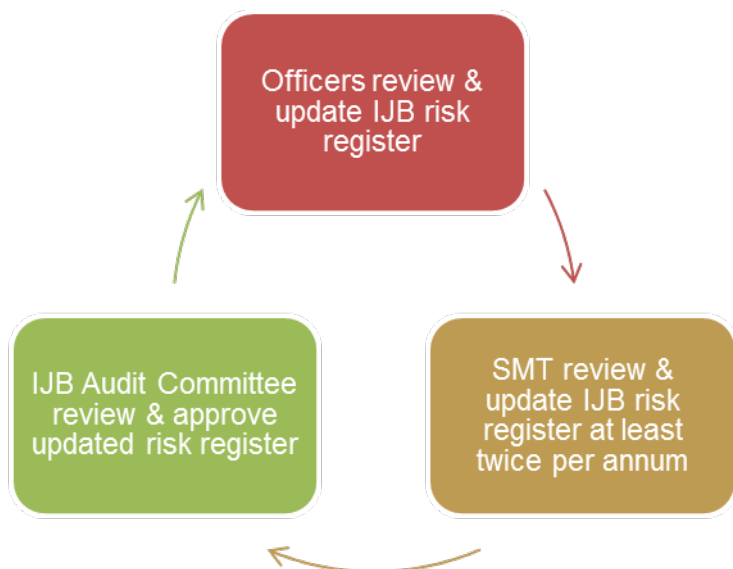
HSCP Operational Risk Register

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.

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          ┌──────────────────────┐
          │  Senior Managers     │
          │  Quarterly Review with│
          │  their teams         │
          └──────────────────────┘
   ↗                              ↘
┌──────────────────┐      ┌──────────────────────┐
│ High Level Risks │      │ Heads of Service review│
│ reported to IJB  │      │ and update for suggested│
│ Audit Committee  │      │ changes for their areas│
└──────────────────┘      └──────────────────────┘
   ↑                              ↓
┌──────────────────┐      ┌──────────────────────┐
│ Clinical and Care│      │ HSCP SMT review      │
│ Governance Review│      │ register             │
└──────────────────┘      └──────────────────────┘
        ↖                      ↓
          ┌──────────────────────────────┐
          │ Council CMT and Health Board │
          │ Risk Management Group        │
          │ separately consider updated  │
          │ register                     │
          └──────────────────────────────┘
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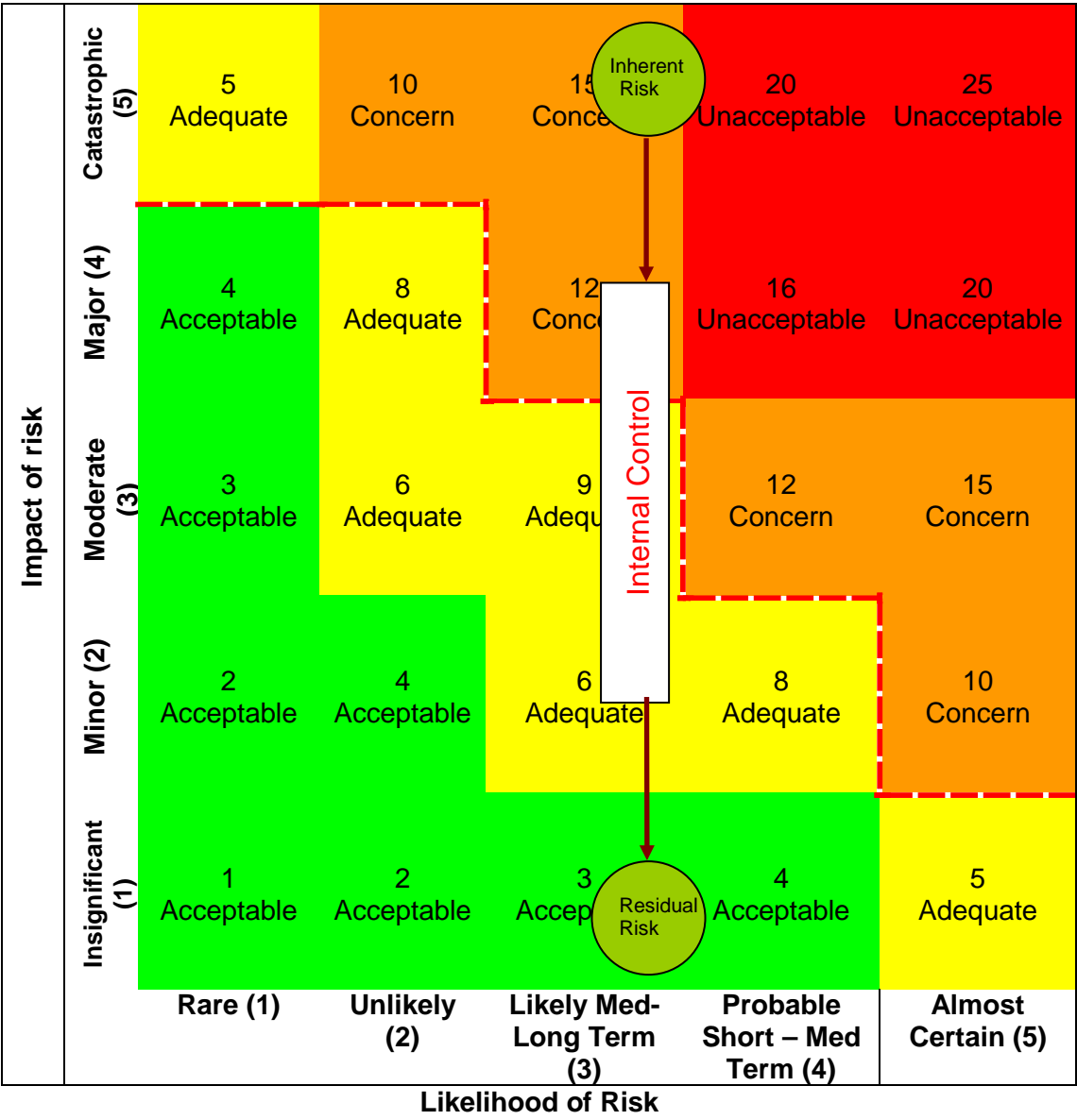
New Health Centre Capital Project Risk Register

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.

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          ┌──────────────────────┐
          │  Hubco and capital   │
          │  planning staff      │
          │  update register     │
          └──────────────────────┘
   ↗                              ↘
┌──────────────────┐      ┌──────────────────────┐
│ High Level Risks │      │ Inverclyde Project Board│
│ reported to IJB  │      │ reviews risk register  │
│ Audit Committee  │      │ and proposed changes at│
└──────────────────┘      │ each meeting           │
   ↑                      └──────────────────────┘
                                  ↓
          ┌──────────────────────────────┐
          │ High level risks reported    │
          │ up to GG&C Capital           │
          │ Planning Group               │
          └──────────────────────────────┘
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Inverclyde Integration Joint Board (IJB)

Updated Risk Appetite Table

		Rare (1)	Unlikely (2)	Likely Med-Long Term (3)	Probable Short – Med Term (4)	Almost Certain (5)
Impact of risk	Catastrophic (5)	5 Adequate	10 Concern	15 Concern	20 Unacceptable	25 Unacceptable
	Major (4)	4 Acceptable	8 Adequate	12 Concern	16 Unacceptable	20 Unacceptable
	Moderate (3)	3 Acceptable	6 Adequate	9 Adequate	12 Concern	15 Concern
	Minor (2)	2 Acceptable	4 Acceptable	6 Adequate	8 Adequate	10 Concern
	Insignificant (1)	1 Acceptable	2 Acceptable	3 Acceptable	4 Acceptable	5 Adequate

Inherent Risk

Internal Control

Residual Risk

Likelihood of Risk

Original IJB Risk Appetite Table

Impact of risk		Rare (1)	Unlikely (2)	Possible (3)	Probable (4)	Almost Certain (5)
Catastrophic (5)		5 Adequate	10 Issue	15 Issue	20 Unacceptable	25 Unacceptable
Major (4)		4 Acceptable	8 Adequate	12 Issue	16 Unacceptable	20 Unacceptable
Moderate (3)		3 Acceptable	6 Adequate	9 Adequate	12 Issue	15 Issue
Minor (2)		2 Acceptable	4 Acceptable	6 Adequate	8 Adequate	10 Issue
Insignificant (1)		1 Acceptable	2 Acceptable	3 Acceptable	4 Acceptable	5 Adequate

Inherent Risk

Internal Control

Residual Risk

Likelihood of Risk

IJB RISK REGISTER

Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	23/06/2020
Date Last Reviewed by Officers	26/05/2021

Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating (A)	L'HOOD Rating (B)	Risk Score	Change in 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/liaison 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	3	12		Due to Covid-19 interim Governance arrangements have been put in place to allow for lockdown and social distancing. Under emergency powers the Chief Officer holds a bi-weekly update meeting with the Chair, Vice Chair to update them on current issues and actions being taken within the HSCP and seek approval on any urgent decisions. A full log of any decisions made under these emergency powers is reported to the next IJB meeting. In addition the IJB is continuing to meet but on a virtual rather than in person basis. These arrangements are reviewed regularly and are expected to remain in place until the pandemic is over.	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 While this has been made more challenging by Covid 19 and timelines for some changes have had to be extended effective communication has continued to take place to maintain the existing positive relationships between partners	Head of Health and Community Care
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)
	Resources & Performance							

Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating (A)	L'HOOD Rating (B)	Risk Score	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
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. Risk of overspending n MH Budget due to high agency costs as a result of difficulties recruiting to specialist roles. Potential Consequences: IJB unable to deliver Strategic Plan objectives, reputational damage, dispute with Partners, needs not met, risk of overspend on Integrated Budget	Resources/Finance 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	Head of Finance, Planning & Resources
4	**Financial Implications of Responding to Covid-19** Risk due to increased demand for services, changing service delivery models and potential shortfall in Scottish Government funding to meet costs incurred	Resources/Finance 1. Mobilisation Plan on which all costs are tracked 2. Regular engagement with Scottish Government through provision of regular mobilisation plan updates 3. Governance in place for authoration and monitoring of costs 4. Active engagement with third and independent sectors in relation to their costs and sustainability 5. Review of any savings expected to be undeliverable in year 6. Regular reporting to the IJB 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	4	2	8	Horizon scanning - ongoing discussions with Scottish Government, Health Board and Council Finance Officers, other GG&C CFOs, national CFO network and Scottish Government In 2020/21 net covid spend is expected to be around £7.7m and fully funded by Scottish Government. Officers are working to minimise costs where possible. It is anticipated that funding will remain in place while the pandemic continues. Officers have set aside a small staffing contingency within their EMRs in 21/22 to cover a potential shortfall in funding for short term covid posts if the pandemic is over while some of these contracts are still in place.	Head of Finance, Planning & Resources
5	**Workforce Sustainability and Implementation of the Workforce Plan** Risk in not delivering the Workforce Plan objectives. Risks within specific operational service areas of recruitment gaps for suitably qualified staff leading to inability of the IJB to deliver its Strategic Objectives Potential Consquences: 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.	Resources/Workforce 1. Workforce 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 7. Update papers to IJB on specific issues in mental health, review of roles within MDT being undertaken.	4	3	12	Difficulties in respect of recruitment to specialist roles, using agency staff short term to address this Ongoing difficulties in recruiting to specialist roles despite repeated advertising, using agency staff in short term to address this. Review roles within MDT to include non-medical prescribers. While some recruitment was initially put on hold as a result of Covid-19 posts are now being backfilled again on a needs basis. In addition the panemic and public focus on key services led to the HSCP running a very successful home care recruitment campaign locally and	Chief Officer

6	**Performance Management Information** Risk due to lack of quality, timeous performance information systems to inform strategic & operational planning & decision making. Potential Consequences: Misallocate resources to non-priority areas, lack of focus, decisions based on anecdotal thinking or biased perspectives, & community needs not met.	Performance 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 Performa reporting frameworks	3	3	9	The annual performance report cycle was been postponed nationally in 2020/21 in response to Covid-19. The report was concluded and reported to the IJB in Sept 2020. Quarterly Performance Reviews were temporarily postponed initially but these are expected to recommence in 2021/22	Head of Finance, Planning & Resources
	Strategy					
7	**Locality Planning to Better Understand the Needs of the Community** Risk of failure to effectively deliver locality planning 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.	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 was temporarily put on pause due to covid-19 but work will recommence in 2021/22	Planning & Performance Manager/ Head of Finance, Planning & Resources

Key: see diagram

<table>
<tr><td>■ (red)</td><td>**Requires active management.**</td></tr>
</table>

Requires active management.

High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level.

Very High (16-25)

Contingency plans.
A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan.

High (10-15)

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.
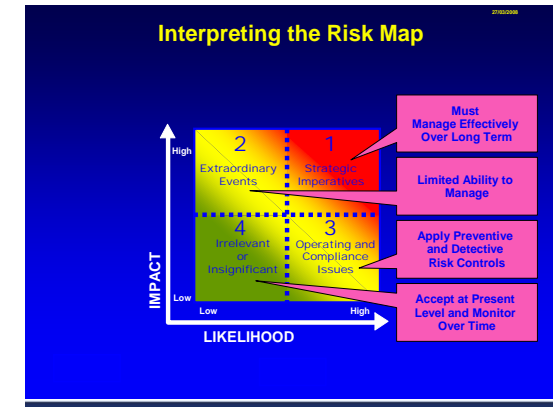
Medium (5-9)

Review periodically.
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

Low (1-4)

Interpreting the Risk Map

Risk Impact	1 Insignificant	2 Minor	3 Moderate	4 Major	5 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
Opertional/ 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 Rare	2 Unlikely	3 Possible	4 Probable	5 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

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                    ┌─────────────────────────┐
                    │  Officers review IJB risk │
                    │         register          │
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        ↗                                        ↘
┌─────────────────────────┐          ┌─────────────────────────┐
│  IJB note the updated    │          │  SMT review IJB Risk     │
│  Risk Register in March  │          │  Register at least twice │
│       each year          │          │        a year            │
└─────────────────────────┘          └─────────────────────────┘
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                    ┌─────────────────────────┐
                    │  Audit Cttee reviews the │
                    │  Risk Register in Sept   │
                    │     and Jan each year    │
                    └─────────────────────────┘
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