
Report To: Inverclyde Integration Joint Board Audit Committee **Date:** 24 January 2022

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Interim Corporate Director
(Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:**
IJBA/03/2022/CG

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Subject: IJB RISK APPETITE DEVELOPMENT

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 Risk Appetite and its progress.

2.0 SUMMARY

- 2.1 Following recommendations from the June 21 IJB Audit Committee a short life working group has been set up to update the IJB risk appetite. This group has commenced and work has begun on identifying the overarching risks for the IJB and initial development of the risk sub categories. Details of these risks can be seen in the report.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Committee:
1. Notes the content of this report;

Allen Stevenson,
Interim 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.
- 4.2 The IJB risk register is formally reviewed by the Inverclyde HSCP Senior Management Team at least twice a year. The IJB Risk Register and any changes then come to the IJB Audit Committee twice each year.
- 4.3 The IJB's approach to risk was last reviewed in August 2016 and at the June 2021 IJB Audit Committee there was a recommendation that a short life working group should be set up to review the IJB's approach to risk.

5.0 IJB RISK APPETITE

- 5.1 As part of the review into the IJB's approach to risk a training session was conducted by our insurance partners Gallagher Bassett in September 2021. This session was worthwhile and gave the IJB a good background into risk and built upon the IJB's existing knowledge. At the end of this session the recommendation was to set up a short life working group to develop the themes of risk directly applicable for the IJB.
- 5.2 The short life working group met in December 2021 to review the current overarching risk categories for the IJB. The group agreed on 3 overarching categories. These are:
- Strategic
 - Financial
 - Reputational

Each of these categories will have sub categories including the following:

Strategic – Inability to deliver the strategic plan, strategic priorities, business interruption / Continuity risk, legal and regulatory risk, service user risk, staffing risks,
Financial – Statutory responsibilities, Financial Governance, Level of Reserves, Financial responsibility
Reputational – engagement with stakeholders, Confidence in Commissioned Services, delivery of poor quality services.

Each of these areas will be developed at our next session and progress will be reported back to a future IJB Audit Committee.

6.0 Next Steps

- 6.1 The next meeting of the short life working group will take place in January 2022. The session will look at developing the sub risks in more detail, the risk appetite of the IJB and the risk appetite statements. Once this is completed this will then be applied to our overall risk register.

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?

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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.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

8.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

8.6 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.