
Report To:	Inverclyde Integration Joint Board Audit Committee	Date: 26 September 2022
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No: IJB/11/2022/CG
Contact Officer:	Craig Given Chief Financial 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,

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 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. Notes the content of this report;

Kate Rocks, 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.
- 4.3 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 January 2022. 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 3 – Financial Sustainability / Constraints / Resource Allocation – Risk score has been increased due to potential budget reductions in Health and additional rising costs in Social Care. A formal Budget exercise will commence shortly.
 - Risk 4 – Financial Implication of Response to Covid 19 - The risk score has been increased and narratives updated as no further funding has been identified beyond 2022/23 and exit plans are required for a number of our costs in Staffing and Children & Families.
 - Risk 10 – Overall HSCP Workforce – This is a new risk added due to high staff turnover and staff retention issues.

6.0 DIRECTIONS

6.1	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	

7.0 IMPLICATIONS

7.1 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

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

HUMAN RESOURCES

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

EQUALITIES

7.4 There are no equality issues within this report.

7.4.1 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.

7.4.2 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.

7.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

7.6 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

8.0 CONSULTATION

- 8.1 This report was prepared by the Acting Head of Strategy & Support Services in consultation with other members of the Senior Management Team.

IJB RISK REGISTER

Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	24/01/2022
Date Last Reviewed by Officers	11/08/2022

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	<p>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.</p> <p>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.</p>	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 CMTs & 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	3	3	9		Robust governance arrangements are in place IJB, SPG, Audit Committee all meet regularly.	Chief Officer
2	<p>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.</p> <p>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.</p>	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 - Weekly Delay meetings across NHSGCC 6. Market Facilitation Plan in place	3	3	9		<p>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 Acute.</p> <p>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. Local UCC care group established looking at ACP, Fraility, Hospital at Home, Hospital Front door and falls. UCC strategic plan presented to IJB and HSCC.</p>	Head of Health and Community Care
Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating	L'HOOD Rating	Risk Score	Change in Score	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
Resources & Performance								

3	<p>Financial Sustainability / Constraints / Resource Allocation</p> <p>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 on MH Budget due to high agency costs as a result of difficulties recruiting to specialist roles. Risk of financial sustainability due potential budget reductions from both Social Care and Health. Potential Consequences: IJB unable to deliver Strategic Plan objectives, reputational damage, dispute with Partners, needs not met, risk of overspend on Integrated Budget.</p>	<p><u>Resources/Finance</u></p> <ol style="list-style-type: none"> 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 	5	3	15	3	<p>Horizon scanning - ongoing discussions with Council and Health Board Finance Officers, national CFO network and Scottish Government. SMT discussions to develop a recovery plan going forward to help reduce future funding pressure. A staffing model that includes an Advanced Nurse Practitioner team is being progressed within Mental Health Services which will absorb some of the workload that has traditionally fallen within the remit of medical staff and be instrumental in reducing reliance on agency doctors and associated costs. It will deliver greater continuity of care for patients and provide career development for staff. A formal Budget / Savings exercise will commence shortly with the IJB with the aim of identifying our potential funding gap and developing a range of savings / efficiency options which will deliver a balanced budget.</p>	Head of Finance, Planning & Resources
4	<p>Financial Implications of Responding to Covid-19</p> <p>Risk due to increased demand for services, changing service delivery models and no funding being identified by the Scottish Government beyond 22/23. The requirement will be to deliver an exit plan on any recurring costs.</p>	<p><u>Resources/Finance</u></p> <ol style="list-style-type: none"> 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 authorisation 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	3	12	3	<p>Horizon scanning - ongoing discussions with Scottish Government, Health Board and Council Finance Officers, other GG&C CFOs, national CFO network and Scottish Government.</p> <p>Officers have set aside a small staffing contingency within their EMRs to cover a potential shortfall in funding for short term covered posts if the pandemic is over while some of these contracts are still in place. Exit plan will need to be implemented especially in areas such as Childrens placement costs and Staffing.</p>	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 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.	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 pandemic and public focus on key services led to the HSCP running a very successful home care recruitment campaign locally and volunteering numbers have increased significantly too.	Chief Officer
Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating (A)	L'HOOD Rating (B)	Risk Score (A*B)	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
6	Home Care Increased demand on services due to other areas of provision across GGC not being operational or limited operationally. Priority to support hospital discharge and inter mediate care home placements	1. Monitor increasing demand and impact on core work including recruitment and retention of care at home staff 2. Triage and prioritise work to support delayed discharge	3	3	9	3 x a week review of Care & Support at Home capacity. Winter team to be established to support hospiytal delays. Review of recruitmnt processes. Review of reablement.Implement one handed care and AHP activity in wards	Head of Health and Community Care
7	Contingency Plans Services maintain contengeny plans to maintain crucial services during current Covid Community Transmission. Priority will be internal 24/7 supported living and Homecare Service to support acute delays and critical support	Twice weekly LFT testing of front line staff Full stocks of PPE and LFDs with established procurement lines Implementation of Public Health & Scottish Government Guidelines Monthly LRMT Weekly Care Home /Community Services huddle Multidisciplinary meting Monthly Care Home Mangers meeting	3	3	9	Daily updates on service position relating to staffing levels. All front line Health & Social Care staff undertaking twice weekly LFDs. Contingency plans in place. 4th Vaccination to Care homes and immunosupressed,over 50s and Health & Social Care Staff in Sept 22 Support to care homes – status reported each week to PH and GGC	Head of Health and Community Care
8	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.	<u>Performance</u> 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	Annual performance Report delivered and 6 monthly reviews to IJB will be implemented. HSCP has now commissioned a new PMS sysytem- Pentana , currently being implemeted. Will track all actions/PIs and Risks	Head of Finance, Planning & Resources

Strategy							
9	Locality Planning to Better Understand the Needs of the Community Risk of failure to effectively deliver locality planning. Potential 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. Two New Health and Social Care Locality Groups to be established- East and West Inverclyde 2. Health Improvement Programmes 3. Locality planning to enhance local targeting of services 4. Strategic Planning Group 5. Equalities Outcomes to be established 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	Establishment of two Health and Social Care Locality Groups- East and West Inverclyde approved by IJB and will be established by October 2022	Planning & Performance Manager/ Head of Finance, Planning & Resources
10	Overall HSCP workforce: Failure to maintain agreed workforce model and agreed staff: patient ratio's, crital staffing levels throughout the HSCP and back office / proffessional functions. Consequences to increae in staff turnover due to demographics i.e. Ageing workforce and recruitment / retention issues.	1. Adhering to policy and co-ordinating the use of supplementary staffing based on the Monitoring and Escalation Guidance, Safe and effective staffing policy. 2. Compliance with the Rostering policy to ensure predicated absence allowance is adhered to. 3. Vacancies advertised timeously.	4	3	12	Daily huddle meetings with reps from all wards and disciplines to discuss areas of clinical pressure across site; identifying gaps in service and opportunity to appropriately redeploy staff across site. Weekly board wide huddle to identify specific areas of system pressures. Centralised recruitment drive of Newly Qualified Nurse (NQNs) completed with limited allocation of NQNs for Inverclyde. Regular Manager / Staff meeting / SMT discussions around critical service areas. Caseload management to maximise to use of available resources. Work to increase the efficiency of service provision through better use of resources.	All Heads of Service

Key: see diagram

Requires active management.

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

Contingency plans.

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

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.

Review periodically.

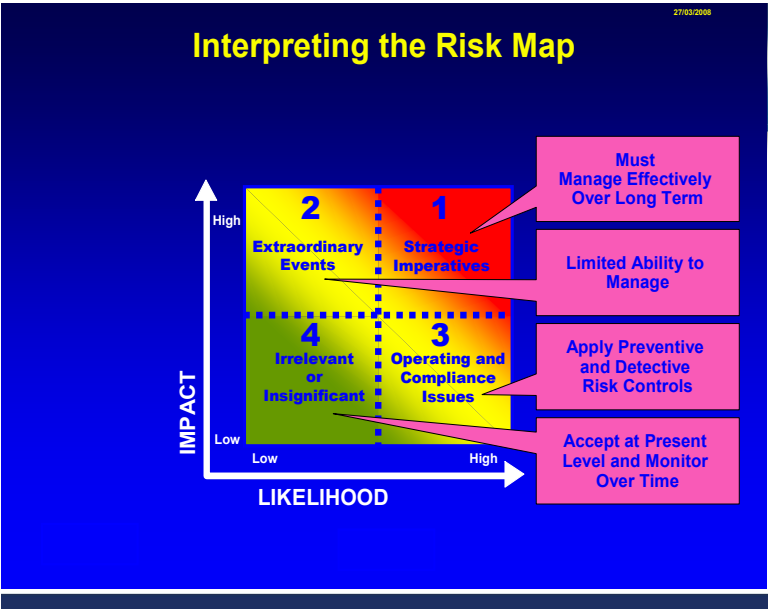
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

Very High
(16-25)

High
(10-15)

Medium
(5-9)

Low
(1-4)



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
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	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

