
Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	25 September 2023
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJBA/14/2023/CG
Contact Officer:	Craig Given Head of Finance, Planning and Resources Inverclyde Health & Social Care Partnership	Contact No:	01475 715381
Subject:	IJB Risk Register		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to provide an update to the Audit Committee on the status of the IJB Strategic Risk Register.
- 1.3 The process for reporting risks across the HSCP and IJB has been summarised to highlight what is reported to the IJB and when.
- 1.4 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.

2.0 RECCOMENDATIONS

- 2.1 That the IJB Audit Committee:
1. Notes the content of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 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.
- 3.2 The IJB risk register is formally reviewed by the Inverclyde HSCP Senior Management Team at least twice a year, the last review took place in March 2023. The IJB Risk Register and any changes then come to the IJB Audit Committee twice each year.

4.0 IJB STRATEGIC RISK REGISTER

- 4.1 The updated IJB Strategic Risk Register is enclosed at Appendix A. Changes since the last report are:
- Risk 5 Workforce Plan–This risk has been downgraded from 12 to 9 following the report presented to March 2023 IJB. This report advised IJB of the undated Workforce Plan Action Plan which provided updated actions, timescales, and responsible officers. This update met the requirement from the 2023 internal audit report. The Year One progress report will be presented at November 2023 IJB.
 - Risk 9 Locality Planning- this risk has been removed as the Localities information sessions are completed and dates arranged for the two Locality Planning Groups in August 2023.
 - Risk 10 Contingency Planning- this risk has now been removed as the IJB was presented with an updated report at June IJB.
 - Risk 11- Equalities Legislation-This risk has now been removed as the IJB is now compliant and has an Improvement Plan in place. Update to September 2023

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

There are no specific legal implications arising from this report.

5.4 Human Resources

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

5.5 Strategic Plan Priorities

The requirement to have a robust set of internal controls that includes the IJB response to Risk Management

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

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.

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: A risk register is not relevant to this part of the duty.

(d) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 Clinical or Care Governance

There are no clinical or care governance implications arising from this report.

5.8 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

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

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 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 N/A

IJB RISK REGISTER

Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	20/03/2023
Date Last Reviewed by Officers	01/08/2023

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</p> <p>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>	<p>1. IJB themed development sessions carried out throughout the year to update members on key issues</p> <p>2. Code of Conduct for members</p> <p>3. Standards Officer appointed</p> <p>4. Chief Officer is a member of both Partner CMTs & has the opportunity to influence any further governance mechanism changes</p> <p>5. Regularly planning/liaison meetings between Chief Officer and Chair/Vice Chair</p> <p>6. Internal and External Audit reviews of governance arrangements</p> <p>7. IJB Self Assessment</p> <p>8. Clinical and Care Governance arrangements and staffing</p> <p>9. Development/induction programme in place for IJB members</p>	3	3	9	0	No additional controls required. This risk is continuously monitored. Next formal review March 2024.	Chief Officer
2	<p>Maintaining Effective Communication and Relationships with Acute Partners During Transformational Change</p> <p>During winter pressure period there is a 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>	<p>1. HSCP/Acute interface joint working groups - regular interface meetings looking at risks, lessons learned, joint problem solving</p> <p>2. CO on HB CMT along with Acute Colleagues</p> <p>3. Daily delayed discharge meetings lead by CO across GGC and departmental winter pressure meetings reacting real time to service pressures</p> <p>4. Market Facilitation Statement -Developing commissioning plans in partnership with Acute colleagues</p> <p>5. Early referral system and clear planning in place for each service user/patient - Weekly Delay meetings across NHSGGC.</p> <p>6. Local UCC care group established looking at ACP, Frailty,Hospital at Home, Hospital Front door and falls. UCC strategic plan presented to IJB and HSCC.</p>	3	3	9	0	All controls are current. The approach to winter planning is reviewed at the end of each winter(April 2023) and at the beginning of each new winter cycle (November 2023). This review activity allows us to make adjustments to our developing approach to winter planning with particular focus this year on avoiding admission.	Head of Health and Community Care
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)
Resources & Performance								

3	<p>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 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>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</p>	5	3	15	0	<p>A new control is the set up of the IJB working group from this year onwards to specifically look at on-going budget pressures and savings to address this year's budget gap and future years.. It is expected 23/24 budget gap will be completed with the use of Budget adjustments and the use of existing smoothing reserves to fund any pressures. More detailed work is required for 24/25 onwards where the budget gap is expected to increase. This will commence early 23/24. The risk will be reviewed accordingly.</p>	Head of Finance, Planning & Resources
4	<p>Financial Implications of Responding to Covid-19 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. The Scottish Government have issued a letter which shows the IJB's are to return any unspent amounts at year-end. Exit plan needs to be implemented especially in areas such Children's placement costs and Staffing. PPE costs into 23/24 onwards are to be funded centrally from the Health Board.</p>	<p>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 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</p>	4	3	12	0	<p>The risk remains the same due to the requirement to address the on going pressure in Children and Families and the new control will be an overall review of children & Families service carried out by the Head of Children & Families. This will commence April 23 and will be reviewed regularly.</p>	Head of Finance, Planning & Resources

Risk No	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 NHS & 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.	IMPACT Rating (A)	L'HOOD Rating (B)	Risk Score (A*B)	Update report approved at June IJB with updated Action Plan and timescales. One year progress update to Nov IJB	Who is Responsible? (name or title)
5			3	3	9	0	Chief Officer
6	*Description of RISK Concern (x,y,z) 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	Current Controls 1. Monitor increasing demand and impact on core work including recruitment and retention of within both internal and external service provision care at home staff 2. Triage and prioritise work to support delayed discharge. 3. 3 x a week review of Care & Support at Home capacity. 4. Winter team established to support hospital delays. 5. Review of reablement and implementation of one handed care and AHP activity in wards. 6. Commissioning team continue to work with external care and support at home services in conjunction with the Care Inspectorate to support external service provision.	3	3	9	0	Head of Health and Community Care
7	Workforce Mental Health In patients: Risk of failure to maintain workforce model and ward staffing levels including increased observations. Consequences to increase 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. 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. 5. Weekly board wide huddle to identify specific areas of system pressures. 6. Centralised recruitment drive of Newly Qualified Nurse (NQNs) completed with limited allocation of NQNs for Inverclyde	4	3	12	0	Interim Head of Mental Health, ADRS and Homelessness

8	<p>Performance Management Information Risk due to lack of quality, timely 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>Performance 1. Performance management infrastructure and reporting cycle 2. Regular financial monitoring reports showing performance against budget and projected outcomes 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</p>	3	3	9	0	<p>Annual Performance Report and 6 monthly reviews to IJB as a new control. HSCP has now commissioned a new PMS system- Pentana , currently being implemented by September 2023. A new outcomes framework developed in conjunction with the strategic plan. This will be used to monitor performance going forward. Sept and March of each year.</p> <p>Head of Finance, Planning & Resources</p>
Strategy							
9	<p>New Strategic Plan 2024 onwards New Strategic Plan to be in place for April 2024. Risk of failure to develop and implement a new Strategic Plan which meets the requirement to delivery on the 9 National Health and wellbeing Outcomes</p>	<p>1. Development session for Strategic Planning Group 28/8/23 Timeline for development and engagement developed Engagement with communities integral to developing key priorities Statutory guidance received from SG Draft to IJB in Jan2024 2. Consultation timeline identified 3. Approval date for IJB March 2024</p>	5	3	9	New Risk	<p>Strategic Planning Group will oversee development</p> <p>Head of Finance, Planning & Resources</p>

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.

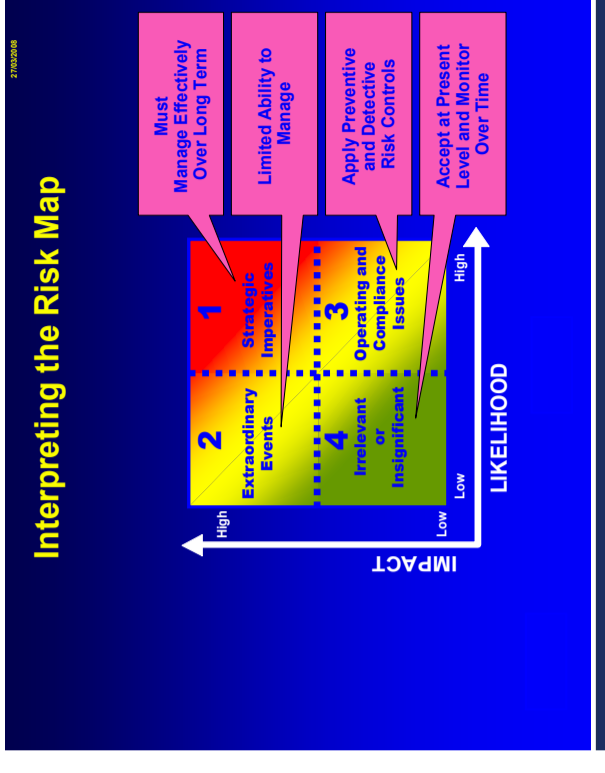
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

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	Reputation	Legal and Regulatory	Operational/Continuity	Likelihood
Financial	<£100k	£100k-£250k	£250k-£500k	£500k-£1,000k	£1,000k->	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
Reputation	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					

