
Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	9 September 2024
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJBAC/12/2024/CG
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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:
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 August 2024. 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:
- Homecare was removed from the IJB Risk register due to increased capacity from the award of the new Care at Home tender.
 - Risk 3 Financial Sustainability / Constraints / Resource Allocation – The narrative has been updated to reflect the 2 year budget being set and approved by the IJB. Also to show additional controls of the Savings Working Board and sub-groups being set up.
 - Risk 5 Workforce Mental Health – The narrative has been updated to reflect the on going staffing issues in the service and the impacts upon service delivery.
 - Risk 6 Performance Management Information – Minor changes in the narrative to reflect requirement to develop an outcomes framework.
 - Risk 7 New Strategic Plan – Minor changes to the narrative to reflect the new Strategic Plan being agreed and the requirement to monitor.

5.0 IMPLICATIONS

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

SUBJECT	YES	NO	N/A
Financial			X
Legal/Risk			X
Human Resources			X
Strategic Plan Priorities			X
Equalities			X
Clinical or Care Governance			X
National Wellbeing Outcomes			X
Children & Young People's Rights & Wellbeing			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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

N/A

5.4 Human Resources

N/A

5.5 Strategic Plan Priorities

N/A

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.

5.7 Clinical or Care Governance

N/A

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 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.

5.10 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.

5.11 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	20/03/2024
Date Last Reviewed by Officers	16/08/2024

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.	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) and at the beginning of each new winter cycle (November). 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 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>	4	3	12	0	<p>The IJB has a 2 year budget with clear savings plans agreed by the IJB. Work has already commenced on these savings plans and we remain confident these will be delivered. The additional controls of the savings working Board and the various sub groups add additional mitigation to this risk.</p>	Chief Finance Officer
4	<p>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.</p>	<p>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.</p>	3	3	9	0	<p>Our Workforce plan and the workforce plan review group adds additional mitigations here to this risk. This meets on a regular basis and regular feedback reports are given to the IJB.</p>	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)
5	<p>Workforce Mental Health In patients: Mental Health Medical Staffing: Risk of failure to maintain workforce model and service. Ongoing consultant psychiatrist vacancies across both Adult and Older People mental health have resulted in inability to provide full service function. There is a reduction in bed availability due to lack of consultant cover and a financial risk due to increased costs associated with medical and locum agency medical staffing. Despite use of locum and agency medical staffing we continue to have gaps in the service which are impacting on community waiting times</p>	<p>1. Vacancies advertised timeously. 2. Prioritisation of key tasks and patients presenting with higher risk factors 3. Reduction in acute admission beds 4. Consideration of alternative medical grades to fill gaps in service</p>	4	3	12	0	<p>We continue to monitor on an ongoing basis and prioritise patients at high risk Ongoing discussions with nhs board deputy medical director and wide system to review any additional support and actions required to sustain a level of service across inpatients and community Ongoing recruitment process</p>	Interim Head of Mental Health, ADRS and Homelessness

6	<p>Performance Management Information Risk due to lack of quality, timely 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.</p>	<p><u>Performance</u> 1. Performance management infrastructure and reporting cycle budget and projected outcomes 2. Regular financial monitoring reports showing performance against budget and projected outcomes 3. Locality planning arrangements - developed. 4. Robust budget planning processes 5. Quarterly Performance Reviews - being developed. 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 (APR) and 6 monthly reviews to IJB as a new control. HSCP commissioned a new PMS system - Pentana , there has been a delay in implementing Pentana (original deadline September 2023) This will now be prioritised in line with the new Strategic plan. A new outcomes framework will be developed in conjunction with the strategic plan. This will be used to monitor performance going forward. It is also anticipated that pentana will also be used for reporting against other HSCP plans and strategies.</p>	Chief Finance Officer	
Strategy									
7	<p>New Strategic Plan 2024 onwards New Strategic Plan to be in place from May 2024. Risk of failure to develop and implement a new Strategic Plan which meets the requirement to deliver on the 9 National Health and wellbeing Outcomes.</p>	<p>1. Development session for Strategic Planning Group and IJB held on 6th November 2. Timeline for development and engagement developed 3. Engagement with communities integral to developing key priorities 4. Statutory guidance received from SG 5. Progress update to IJB in March 2024, to be provide in CO Report 6. Consultation timeline identified 7. Approval date for IJB May 2024</p>	3	3	9		<p>Strategic Planning Group (SPG) will oversee development of the plan. The new Strategic Plan was approved by the IJB in May 2024 and will be monitored through the year with a new outcomes framework.</p>	Chief Officer	
8	<p>National Patient Safety Alert In August 2023 a National Patient Safety Alert was issued regarding Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls alongside updated guidance from MHRA. We have approximately 3,000 patients in the community with these pieces of equipment. Work is underway to develop a risk assessment that meets MHRA sign off across GGC. The guidance is for a professional written risk assessment for each patient. We do not have the staff capacity to carry out retrospective assessments. (Impact on Occupational Therapy, Physiotherapy and District Nursing and acute referrers.</p>	<p>1. Staff representation at GGC working group 4 weekly 2. Board guidance/risk assessment testing underway 3. Patient leaflets being developed. 4. Community Risk assessments, flow charts for escalation and staff along with staff training modules developed (to be approved through GGC Board Governance) prior to implementation. 5. Prescribing staff fully aware that as an interim solution all staff should continue to use agreed process with documentation in notes for clinical reasoning. 6. Process for acute assessment being finalised alongside refresh of the inpatient bed safety rail assessment. 7. Draft policy written for feedback late summer. 8. Risk assessment to be tested on the appropriate decision platform</p>	3	3	9		<p>UK wide issue , working up risk management process going forward. This risk has been reduced after service review.</p>	Head of Health & community Care	
9	<p>Availability of RSL housing at time of need Risk of homelessness across all population groups e.g. those with positive asylum decisions, older people which is increasing delayed discharges and those with specific bail conditions.</p>	<p>1. Hotels & Airbnb's used at point of homelessness 2. Homelessness service to provide drop in support at Holiday inn Express to aid prevention</p>	4	3	12		<p>Longer term approaches require to be part of the new housing strategy workstreams</p>	Head of Health & community Care	

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.

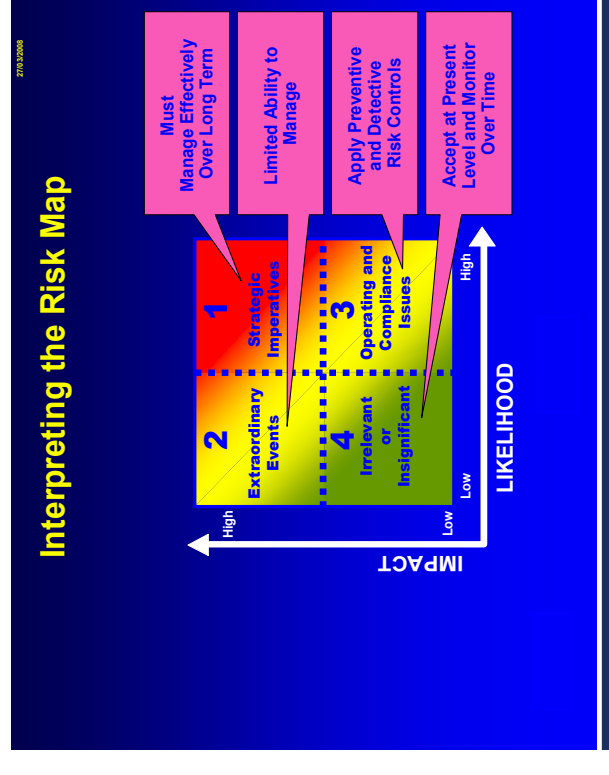
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

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
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