



<p><b>Meeting of East Renfrewshire Health and Social Care Partnership</b></p> <p><b>Held on</b></p>	<p>Integration Joint Board</p> <p>25 September 2024</p>
<p><b>Agenda Item</b></p>	<p>16</p>
<p><b>Title</b></p>	<p>IJB Strategic Risk Register Annual Update 2024</p>
<p><b>Summary</b></p> <p>This report provides the Integration Joint Board with the annual update on the IJB Strategic Risk Register.</p> <p>The risk register is reported to all Performance and Audit Committee meetings.</p>	
<p><b>Presented by</b></p>	<p>Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)</p>
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.</p>	
<p><b>Directions</b></p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <p><input type="checkbox"/> Finance                      <input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Policy                            <input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Workforce                      <input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Equalities                      <input type="checkbox"/> Fairer Scotland Duty</p>

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 September 2024**

**Report by Chief Financial Officer**

**IJB STRATEGIC RISK REGISTER ANNUAL UPDATE**

**PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on the IJB Strategic Risk Register.

**RECOMMENDATION**

2. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

**BACKGROUND**

3. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risks to make it a useful working document. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

Likelihood	Score								
Certain	4	Low (Green)	Medium (Yellow)	High (Red)	High (Red)				
Likely/probable	3	Low (Green)	Medium (Yellow)	Medium (Yellow)	High (Red)				
Possible/could happen	2	Low (Green)	Low (Green)	Medium (Yellow)	Medium (Yellow)				
Unlikely	1	Low (Green)	Low (Green)	Low (Green)	Low (Green)				
<b>Impact</b>		<b>Minor</b>	<b>1</b>	<b>Significant</b>	<b>2</b>	<b>Serious</b>	<b>3</b>	<b>Major</b>	<b>4</b>

4. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

## REPORT

5. The Performance and Audit Committee receive updates on the IJB Strategic Risk Register at each meeting. Any additions, deletions and changes to the register are reported to the Performance and Audit Committee detailing the reason for each change. A brief summary of the main changes since the Strategic Risk Register was last reported to the IJB in September 2023 are included in this report, however the full audit trail is detailed in the individual Performance and Audit Committee reports available online.

### Summary of main changes

6. Since last reported to the Integration Joint Board in September 2023:-
- All risk control measures have been reviewed and updated where necessary, as detailed within Performance and Audit Committee reports.
  - All risk scores have been reviewed, and whilst these may have fluctuated over the year, compared to the September 2023 IJB annual update, two risk scores have changed.
  - No new risks have been added, however one risk has been removed.

### Workforce Planning and Change (reduction in scoring)

7. This score was reduced from 12 to 9 in March 2024 as the immediate staffing difficulties within mental health services improved slightly and interim arrangements are in place to mitigate risk, however current recruitment and retention challenges and the need for further redesign does present challenges and risks.

### Analogue to Digital Switchover (reduction in scoring)

8. The score was reduced from 9 to 3 in September as replacement digital devices have been installed to our community alarm customers (c3000). Replacement alarms and call warden devices are still to be installed in sheltered housing properties within East Renfrewshire and we are supporting Housing with this. It is anticipated that this will be concluded by March 2025 at which point the risk will be removed.

### Failures within IT System (risk removed)

9. This risk was removed in June 2024 as it was largely related to a particular issue which is currently stable. As IT elements are included within the wider Business Continuity risk, an individual IT risk was no longer required.

### Red and significant risks

10. Risks which score between 11-16 and rated as High/Red/Unacceptable post mitigation and those which the Health and Social Care Partnership Management Team considers significant are brought to the attention of the Performance and Audit Committee by an 'exception report'.

11. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economic climate and the cost and demand pressures the HSCP continues to face. Financial sustainability is also rated red within the independent auditors report on the 2023/24 annual report and accounts.

## **IMPLICATIONS**

12. There are no implications arising as a result of this paper.

## **DIRECTIONS**

13. There are no directions arising as a result of this paper.

## **CONCLUSIONS**

14. The Integration Joint Board will continue to receive an annual update on the IJB Strategic Risk Register and Performance and Audit Committee will continue to review at each meeting.

## **RECOMMENDATIONS**

15. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

## **REPORT AUTHOR AND PERSON TO CONTACT**

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9 September 2024

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

IJB Paper: 27.09.2023: Strategic Risk Register Annual Report  
[https://www.eastrenfrewshire.gov.uk/media/9532/IJB-Item-12-27-September-2023/pdf/IJB\\_Item\\_12\\_-\\_27\\_September\\_2023.pdf?m=1694776724283](https://www.eastrenfrewshire.gov.uk/media/9532/IJB-Item-12-27-September-2023/pdf/IJB_Item_12_-_27_September_2023.pdf?m=1694776724283)

IJB Risk Management Policy and Strategy  
[https://www.eastrenfrewshire.gov.uk/media/9642/Risk-Policy-and-Strategy-Sept-22/pdf/IJB\\_Risk\\_Policy\\_and\\_Strategy\\_IJB\\_-\\_V2.1\\_Sep22.pdf?m=1696347600137](https://www.eastrenfrewshire.gov.uk/media/9642/Risk-Policy-and-Strategy-Sept-22/pdf/IJB_Risk_Policy_and_Strategy_IJB_-_V2.1_Sep22.pdf?m=1696347600137)

## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 16.09.2024

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner	
					Risk Score	Overall rating				Likelihood (probability)	Impact (Severity)	Risk Score (LxI)		Likelihood (probability)
						11-16	HIGH							
						5-10	MEDIUM							
						1-4	LOW							
						L	I				L	I	LxI	
n/a	1	S	<b>Death or significant harm to vulnerable individual</b>											
			Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.  Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.	Supporting People Framework (eligibility criteria) in place.  Social work and nursing professional leadership in place  Operate within Clinical and Care Governance Framework  ASP Quality Assurance Framework implemented and reported to APC  Quality assurance of Adult Service Improvement Plans  Senior Management rota for chairing ASP implemented  Continual audit against compliance of MHO standards  Professional supervision policy adopted for social work and social care staff.  Review of rising demands and pressure points across health and care services.  Rolling training programme.				Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk  Fully implement ASP improvement plan  Robust caseload management process will be prioritised 4 weekly, along with clinical supervision and child protection supervision to manage risk and ensure oversight of all caseloads	Ongoing   31/03/2025  Ongoing (Review 31/12/24)				Head of Adult Services / Chief Social Work Officer	
						3	3	9			2	3	6	

			Modified Universal pathway is in place to increase capacity within the HV team to manage caseloads and HV weekly staffing safety huddle in place to manage risk.										
n/a	2	S	<b>Scottish Child Abuse Inquiry</b>										
			Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care or long-term hospital care  Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses	Adult Protection and Child Protection Committees sighted on issues.  Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. Further information submitted in Jan-22.  Key learning from S21 work shared with managers  Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.  Chief Officer and Head of Service supporting NHSGGC Board in connection with Lennox Castle	3	3	9			3	3	9	Chief Social Work Officer
n/a	3	S	<b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>										
			Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPAs) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.	The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPAs meetings deal with strategic and practice issues.  "Safe Together" model implemented in HSCP and rolled out across Council  Regular reporting to COPP in place for adult, children and high risk offenders. Training programme reviewed and monthly ASP audits in place	2	4	8	Fully implement ASP improvement plan	31/03/2025	1	4	4	Chief Social Work Officer

4	C	<p><b>Financial Sustainability</b></p> <p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services. This is further impacted by the diminished earmarked reserves held.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 following cessation of support funding. For example staff cover in any service where an outbreak of the virus impacts on capacity. The longer term financial impact is unclear</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p> <p>7) Diminished earmarked reserves meaning there is no flexibility to allow us to deal with prescribing and other cost volatility in any one year. We do have very specific reserves to support ringfenced activity only.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in various financial discussions with partners in relation to funding and budget contributions as well as financial recovery for 2023/24.</p> <p>Medium Term Financial Plan (latest revision June 2024) Regular monitoring, reporting and seminars ensure the IJB is aware of the most current factors.</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including areas such as prescribing, hosted services, savings challenges and cost pressures from service delivery.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGGC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts.</p>	3	4	12	<p>Monitor hosted service arrangements – ongoing and longer term.</p> <p>Monitor Medium Term Financial Plan for any significant changes</p> <p>Continue discussions with both partners in relation to funding and financial performance and service outcomes and focus on savings delivery.</p> <p>Implement actions from local prescribing action plan – new plan for 2024/25 includes local and GGC wide prescribing initiatives</p>	<p>31/03/2025</p> <p>31/03/2025</p> <p>Ongoing</p> <p>31/03/2025</p>	3	4	12	Chief Financial Officer
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n/a	5	S	<p><b>Failure of a Provider</b></p> <p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, contractual status, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- disruption to service delivery</li> <li>- requirement to implement contingency plans</li> <li>- impact on individuals and families with potential disruption to care arrangements</li> </ul>	<p>Care Home assurance group meets weekly.</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place.</p> <p>Robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery.</p> <p>Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. .</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation</p> <p>We will work with the Scottish Government as part of national contingency planning in the event that providers indicate intention to withdraw from the national care home contract in the future</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> <p>Revised strategic Commissioning plan developed (approved by IJB August 2023 and monitored through Strategic Planning Group)</p>	3	4	12	Increased monitoring by Commissioning and Contracts service and/or respective Heads of Service	Ongoing (Review-30/09/24)	3	3	9	Chief Financial Officer / Heads of Service
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6	C	<b>Access to Primary Care</b>										
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff</p> <p>Increased GP Practice workload due to increasing population and increased demand post pandemic</p>	<p>Support Practices to amend catchment areas where appropriate</p> <p>Working with practices / assisting with remote working to maximise premises capacity to enable them to extend primary care team.</p> <p>Support to Practices through use of GGC sustainability toolkit and escalation framework.</p> <p>NHSGGC Strategy for Primary Care launched 2024</p>	3	3	9	<p>Work with planning colleagues provide data to assist with LDP3 which includes developer contributions to mitigate for new housing and care home developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Working with NHSGGC to support GP practice sustainability</p>	<p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p>	3	2	6	Clinical Director
5.1	7	C	<b>Increase in frail older population</b>									
		<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Unscheduled Care Delivery Plan approved by IJB in March-22.</p> <p>Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.</p> <p>New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment</p> <p>Talking Points diverting people to community resources and building own assets.</p>	4	3	12	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	Ongoing	3	3	9	Chief Officer HSCP

			<p>Project to support Care at Home redesign now live Supporting people framework implemented April 23 Monitoring includes analysis of waiting lists, admissions and incidents.</p> <p>Completed review of equipment requests – management oversight and monitoring in place</p>									
<b>8</b>	<b>C</b>	<b>Workforce Planning and Change</b>										
		<p>Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.</p> <p>Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid</p>	<p>Workforce planning group in place and includes 3<sup>rd</sup> / independent sector reps</p> <p>HSCP management team actively review all requests to recruit in line with our workforce plan</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p> <p>HSCP 3 year Workforce Plan developed</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.</p> <p>HSCP Staff Wellbeing programme in place</p> <p>Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.</p> <p>Interim MH workforce plan developed August 2023</p>	<b>3</b>	<b>3</b>	<b>9</b>	<p>Implement local mental health interim workforce plan</p> <p>Workforce Plan 2025-28 to be developed</p> <p>Strengthen reporting arrangements around all professional registrations.</p>	<p>31/12/2024</p> <p>30/04/2025</p>	<b>2</b>	<b>3</b>	<b>6</b>	<p>Chief Officer HSCP</p>

2.2	10	S	<b>Increase in children &amp; adults with additional support needs</b>										
			<p>Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services</p>	<p>Transitions service and strategy in place Transitions is also included in R&amp;R Programme Analysis of demographic changes and increased financial forecasting is enabling us to plan more effectively.</p> <p>Education Resource Group manage specialist resources and admission to specialist provision.</p> <p>Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.</p> <p>Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023. (Eligibility threshold increased to substantial/critical – Nov 2023)</p>	3	3	9	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	Ongoing	3	2	6	Chief Officer HSCP
n/a	11	C	<b>In-House Care at Home Service</b>										
			<p>Inability to deliver services to a level that meet current demand and /or meet all statutory requirements</p>	<p>Increased resource to support robust absence management.</p> <p>Scheduling system (Total Mobile) in place</p> <p>Work patterns realigned to maximise efficiencies.</p> <p>Programme Board in place to provide oversight of planned care at home redesign</p>	3	4	12	<p>Continued implementation of SPF via dedicated Reviewer resources</p> <p>Progress implementation of new practice model in line with organisational change</p> <p>Implement the in house structural redesign</p> <p>Implement local framework for externally purchased care</p>	<p>Ongoing</p> <p>Ongoing</p> <p>31/10/2024</p> <p>30/11/2024</p>	2	4	8	Chief Officer HSCP

13	C	BUSINESS CONTINUITY, COVID19 & RECOVERY												
		<p>The significant impact of an emergency crisis on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC &amp; NHSGGC) response and recovery.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Accommodation group oversees strategy and demand, both planned and unplanned ensuring continued service delivery, both day to day and in the event of an emergency.</p> <p>Annual assurance statement to IJB as Category 1 responder.</p> <p>Sufficient staff trained as incident loggists in the event of emergency</p> <p>Well established covid procedures are in place and can be escalated if necessary.</p> <p>Schedule of meetings with partner ICT BRMs in place to highlight and address intermittent and known ICT issues.</p> <p>Specific sender email addresses highlighted to ensure receipt of critical emails e.g. MAPPA</p>	3	3	9	<p>Identify additional staff to be trained to ensure sufficient trained Incident Officers and rest centre managers</p> <p>Complete transfer of Business Continuity Plans into new template</p> <p>Go live of the new Case Recording System (Mosaic) (Cloud based)</p>	31/10/2023	31/10/2024	31/03/2025	2	3	6	All Heads of Service
14	C	ANALOGUE TO DIGITAL SWITCHOVER												
		<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and full project team in place to take forward the transition from analogue to digital.</p> <p>HSCP Head of Service chairing programme board.</p> <p>Analogue to digital implementation plan.</p> <p>Digital ARC went live October 2022.</p> <p>Local Risk assessment group established summer 2023 which looks for solutions to and developing a contingency plan</p>	3	1	3	<p>Installation of alarms and call warden devices within remaining sheltered housing</p>	March 25			1	1	1	Head of Adult Services: Communities and Wellbeing