



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	28 June 2017
<b>Agenda Item</b>	12
<b>Title</b>	Integration Joint Board Strategic Risk Register
<p><b>Summary</b></p> <p>During March /June 2016 the Performance and Audit Committee considered an "Integration Joint Board Risk Management" policy. After discussion at the Performance and Audit Committee this policy was amended and remitted for endorsement to the IJB. The IJB endorsed this policy during August 2016. The policy requires a copy of the Strategic Risk Register be sent to the IJB on an annual basis for scrutiny and comment.</p>	
<b>Presented by</b>	Candy Millard, Head of Strategic Services
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note and comment on the content of the IJB Strategic Risk Register.</p>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p>	
<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Policy
<input type="checkbox"/> Efficient Government	<input type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input type="checkbox"/> Property
<input type="checkbox"/> Equalities	<input type="checkbox"/> IT

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**28 June 2017**

**Report by Chief Officer**

**INTEGRATION JOINT BOARD STRATEGIC RISK REGISTER**

**PURPOSE OF REPORT**

- 1 The purpose of the report is to provide the Integration Joint Board (IJB) with the opportunity to scrutinise the IJB Strategic Risk Register.

**RECOMMENDATION**

- 2 The board is asked to note and comment on the content of the IJB Strategic Risk Register.

**BACKGROUND**

- 3 During March /June 2016 the Performance and Audit Committee considered an Integration Joint Board Risk Management policy. After discussion at the Performance and Audit Committee this policy was amended. The IJB approved the Risk Management Policy and Strategic Risk register on 17 August 2016.

**REPORT**

- 4 How IJB risks are assessed, managed and reported on is contained with the policy and strategy document.

**Scrutiny and Update of Strategic Risk Register**

- 5 The policy requires that the IJB strategic risk register is periodically considered (on a quarterly basis as a minimum) by the Senior Management Team
- 6 A copy of the IJB SRR is sent to the Performance and Audit Committee for consideration and noting on a bi annual basis with the proviso that any risk(s) new or existing that turn red, as per the scoring matrix, are reported to the next available Performance and Audit Committee.
- 7 The policy requires that a copy of the latest strategic risk register be sent for scrutiny and comment to the IJB annually (Appendix 2). The register sets out the risk, notes mitigation against the risk that is in place and allocates a risk score. Future planned migration is then noted and the risk is then re-scored taking this additional mitigation into consideration.

**FINANCE AND EFFICIENCY**

- 8 Financial sustainability is identified as a significant risk in the strategic risk register.

**CONSULTATION AND PARTNERSHIP WORKING**

- 9 The draft risk policy was developed in partnership across NHS Greater Glasgow and Clyde in preparation for the establishment of Integration Joint Boards.

**IMPLICATIONS OF THE PROPOSALS**

Policy

- 10 This report relates to the Risk Management Policy

Staffing

- 11 Workforce planning is identified as a risk in the IJB Strategic Risk Register.

Legal

- 12 None

Property

- 13 None

Equalities

- 14 None

IT

- 15 None

**CONCLUSIONS**

- 16 This report provides the Integration Joint Board (IJB) with the opportunity to scrutinise the IJB Strategic Risk Register.

**RECOMMENDATIONS**

- 17 The board is asked to note and comment on the content of the IJB Strategic Risk Register.

**REPORT AUTHOR AND PERSON TO CONTACT**

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9 June 2017

**BACKGROUND PAPERS**

[IJB Paper: 17.08.2016 - Integration Joint Board Risk Management Policy and Strategy](#)



GUIDANCE NOTES ON COMPLETING A BEST VALUE OUTCOME IMPROVEMENT PLAN

OUTCOME	ACTION REQUIRED	BY WHEN	RESPONSIBILITY ASSIGNED TO:	RESOURCE IMPLICATIONS	OUTCOME TARGET	RISK ASSESSMENT (After Controls)	PROGRESS TO DATE
<p>Most council services can be seen in terms of <b>inputs, outputs &amp; outcomes</b>. 'Inputs' are what goes into a service - money, staff resources, buildings etc. 'Outputs' are what the service produces. And 'Outcomes' are what happens as the result of a service or can be summed up as the end benefit to the user. The relationship between these principles can be summarised below using Library opening hours as an example:</p>	<p>1. You should break down your Outcome into a number of tasks that are required to achieve it.</p>	<p>Insert e.g. 14-mar-98</p>	<p>1. Please include the name of the officer responsible.</p>	<p>Consider &amp; state implications for staffing, cost</p>	<p>1. Coherent &amp; balanced set of SMART performance targets based around the <b>needs of customers, citizens, employees &amp; other stakeholders</b>.</p>	<p>1. This should show the level of risk after control measures have been put in place.</p>	<p>1. Please use key below to highlight individual status of targets:</p>
	<p>2. One Outcome may have a number of Actions Required, these should be listed and the rest of the columns completed for each of them.</p>			<p>2. State where the outcome target will be monitored (use key):</p>		<p>2. A good target should :</p>	<p>2. You will need to undertake a risk assessment of each "Action Required" and complete the Risk Assessment Form found on the attached spreadsheet. Make sure that both the Action Required and</p>
<p>Input' - Increasing library open hours by one hour.</p>			<p>(CAB) = Cabinet Sub-Ctee</p>		<p>* Relate to a service or corporate objective;</p>	<p>For more detailed guidance, please refer to the toolkit guide "Risk, Managed"</p>	
<p>Output' - A more accesible library service.</p>			<p>(DG) = Directors Group</p>		<p>* Be <b>achievable</b> but also <b>stretch</b> the organisation (Demanding)</p>		<p>(B) = Targets <b>BEHIND schedule (RED)</b></p>
<p>Outcome' - Taxpayers are more culturally aware.</p>			<p>(DMT) = Directorate Level</p>		<p>* Be of a <b>manageable</b> number;</p>		<p>* Provide explanatory notes detailing why;</p>
			<p>(UMT) = Unit Level</p>		<p>* Both <b>Long</b> (typically 3-5 yrs) &amp; <b>Short -Term</b> (the year ahead);</p>		<p>* Strike through the original 'by when date' &amp; insert new target date</p>
			<p>(EXT) = Externally</p>		<p>* Financial &amp; non-financial;</p>		
					<p>* Be under <b>continuous</b> review, not set in stone;</p>		<p>(C) = Targets <b>achieved that were previously behind schedule (CAUGHT - UP) (BLUE)</b></p>
					<p>* <b>Related &amp; cascaded</b>, so that the whole organisation/directorate/ service/unit/ <b>understands</b> the <b>links</b> between targets, &amp; where <b>responsibility</b> lies for improvement.</p>		<p>* Provide explanatory notes detailing circumstances</p>
					<p>* Have a clear, stable definition so that achievement can be compared over time;</p>		
					<p>* Be easily understood</p>		<p>2. Finally record date of update in the footer &amp; save version</p>
					<p>* Have the commitment of authority members, customers, citizens, employees &amp; other stakeholders.</p>		
					<p>* Be readily measurable.</p>		

RISK REGISTER  
APPENDIX 2

**Health & Social Care Partnership Integration Joint Board**

IJB Strategic Risk Register

Completed by: **Management Team**

Date originated: **09/11/2015** Date reviewed: **23/03/2017**

No	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description	Risk Control Measures currently in place  <i>(need to be SMART e.g. detail of what type of training took place with dates in evidence column)</i>	Assessment of Risk [As it is now]			Proposed Risk Control Measures <i>(should be SMART with detail included)</i>	Assessment of Residual Risk [With proposed control measures implemented]			Responsible Officer	Timescale for completing proposed control measures	Evidence held (detail)	Where held
			Risk Score	Overall Rating	Likelihood (Probability) [ L ]		Impact (Severity) [ I ]	Risk Score [ L x I ]	Likelihood (Probability) [ L ]				
			11-16	High									
			5-10	Medium									
			1-4	Low									
1	<p><b>Death or significant harm to service user / patient</b></p> <p>Risk of death or significant harm to a service user/patient as a result of HSCP action / inaction.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- loss of life or long term damage and impact on service user &amp; family</li> <li>- may be perceived to have been failure of care</li> <li>- poor workforce morale</li> <li>- ireputational damage</li> </ul>	<p>Line manager checks as part of periodic supervision</p> <p>Quality assurance framework</p> <p>The HSCP has clear &amp; effective policies &amp; procedures in place</p> <p>Risk assessments for service users are carried out by staff as and when required statutory inspection reports</p>	2	4	8	The Heads of Children and Families and Health and Community Care will update learning and development plans re Service user / Patient preventative action by March 2018	1	4	4	Head of Health and Community Care/Head of Children and Families	Mar-18	Review outcome	Head of HCC and H of C and F
2	<p><b>Financial Sustainability</b></p> <p>Risk of being unsustainable due to one of the following causes:</p> <ol style="list-style-type: none"> <li>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget</li> <li>2) Unable to influence future funding to recognise demographic &amp; other pressures, or realise future efficiencies &amp; savings</li> <li>3) Implications if current practice of risk sharing for prescribing ceases or changes from hosted services funding structure</li> </ol> <p>The Consequences include:</p> <ul style="list-style-type: none"> <li>- Inability to deliver core services in current way</li> <li>- Possibly having to review eligibility criteria</li> <li>- Unable to focus on prevention, therefore conflicting with legislation</li> </ul>	<p>The CFO provides regular reporting to IJB and savings progress reviewed as part of budget seminars and report as well as periodically at DMT</p> <p>The Financial Strategy and Budget Updates will set out funding expectations and scenarios. The HSCP will influence budget setting process with each of our partners</p> <p>A CFO network has been created allowing discussion and decision making forum for wider issues impacting on partnerships</p> <p>A new format for monitoring savings will be implemented for 2017/18 and a formal 4 weekly finance report will be presented to DMT.</p>	3	4	12	<ol style="list-style-type: none"> <li>1. The HSCP's CFO budget update reports provide routine updates on partnership funding, actions and risks. Scenario planning is being developed. The reserves strategy recognises longer term change is required to ensure future sustainability and allows for phased implementation of saving delivery.</li> <li>2 Financial reporting to the IJB and PAC will continue to be developed improving the detail and transparency of financial matters.</li> <li>3 The use of dedicated IJB seminars will continue to address any specific issues</li> </ol>	4	3	12	Chief Financial Officer	<ol style="list-style-type: none"> <li>1. Ongoing with 2017/18 NHS budget to be agreed</li> <li>2. Ongoing</li> <li>3. As required</li> </ol>	<p>Financial strategy</p> <p>Budget Monitoring papers and notes of meetings</p> <p>Seminar papers</p>	CFO

No	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)	Assessment of Residual Risk [With proposed control measures implemented]			Responsible Officer	Timescale for completing proposed control measures	Evidence held (detail)	Where held
			Likelihood (Probability) [ L ]	Impact (Severity) [ I ]	Risk Score [ L x I ]		Likelihood (Probability) [ L ]	Impact (Severity) [ I ]	Residual Risk Score				
3	<p><b>Failure of a Provider</b></p> <p>Risk of an operational or financial failure of a key provider, possibly due to operating under same economic &amp; financial pressures as the partnership, including:</p> <ul style="list-style-type: none"> <li>- living wage</li> <li>- sleepover payments</li> <li>- fixed workplace</li> <li>- recruitment &amp; retention</li> <li>- market mix &amp; company structure (e.g. another Southern Cross)</li> </ul> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- disruption to service delivery</li> <li>- implementing contingency plans</li> <li>- increased cost pressures</li> <li>- impact on individuals &amp; families</li> </ul>	Fair work practice built into refreshed current Frameworks	3	3	9	<p>1</p> <p>2 Contract management meetings with stakeholders will allow the HSCP to manage areas of identified risk with providers on a proactive basis – e.g. specific performance indicators will provide relevant management information to support the executive group to manage this area of risk</p>	2	3	6			Minutes of meetings with stakeholders and committee papers	Commissioning Team
4	<p><b>Bonnyton House</b> Failure to sell to third party buyer results in inability to achieve saving, budget pressures and uncertainty for staff and residents resulting in reputational damage to HSCP and Council</p>	Recent withdrawal of buyer has increased this risk	4	4	16	Return to market.	3	4	12	Head of Health and Community Care	Mar-18		
5	<p><b>Primary Care Capacity</b> Insufficient primary care capacity due to inability to get cover in event of vacancy/long term illhealth impacting on patient care and access.</p>	<p>1.The HSCP has made available funding for the Nursing Home LES to be offered to two of the newly built care homes in East Renfrewshire. This is additional to core funding.</p> <p>2 We will support local practices to encourage patients from out with the practice's contracted catchment area to register with a GP more local to them.</p>	3	3	9	We will support the development of GP clusters' quality measures	2	3	6	Clinical Director	Sep-17	Minutes of meetings, GP data	PA service
6	<p><b>Workforce planning and change</b></p> <p>Lack of appropriately skilled workforce due to the combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements</p>	<p>A ll staff will be developed and supported through application of PRD / EKSF process Use of PRD and succession planning Refocus the learning and development team to meet requirements of HSCP changes</p> <p>managers encouraged to attend Leadership development programmes and events. Development of workforce plan with support from East Renfrewshire Council and NHSGGC linked to strategic plan and service redesigns.</p>	3	4	9	<p>1. Fit for the Future service mapping, review and redesign linked to update of workforce plan with support from East Renfrewshire Council and NHSGGC linked to strategic plan and service redesigns.</p> <p>2. Improve partnership workforce planning working with providers by March 2018</p>	2	3	6	Head of Strategic Services	1. October 2017 2. March 2018	learning and development strategy-----workforce plan	L and D team, Head of Service PA