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<b>Report To:</b>	<b>Inverclyde Integration Joint Board Audit Committee</b>	<b>Date:</b> 12 September 2017
<b>Report By:</b>	<b>Louise Long Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b> IJBA/09/2017/LA
<b>Contact Officer:</b>	<b>Lesley Aird</b>	<b>Contact No:</b> 01475 715381
<b>Subject:</b>	<b>IJB RISK MANAGEMENT UPDATE</b>	

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## **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 Risk Registers will be 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. Reviews the content of this report, and
  2. Notes the current IJB strategic risk register.

**Louise Long**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## 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.
- 4.2 The IJB risk register will be formally reviewed by the Inverclyde HSCP Senior Management Team at least twice a year. The IJB Risk Register and any changes will come to the IJB Audit Committee. This report details the current position in relation to the IJB Risk Register.

## 5.0 PROPOSED CHANGES TO THE IJB RISK REGISTER

- 5.1 The IJB Risk Register was agreed by the IJB on 14 March 2017. There are no proposed changes to that at this time. A copy of the register is enclosed at Appendix A.

## 6.0 IMPLICATIONS

### 6.1 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

- 6.2 There are no specific legal implications arising from this report.

### HUMAN RESOURCES

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

### EQUALITIES

- 6.4 There are no equality issues within this report.

- 6.4.1 Has an Equality Impact Assessment been carried out?

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YES (see attached appendix)

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.

#### 6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

#### 6.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

#### 6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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	None
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.	None
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

## 7.0 CONSULTATION

7.1 This report has been prepared by the Chief Financial Officer of the IJB.

DRAFT IJB RISK REGISTER/RISK MAP FORMAT

APPENDIX A

Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	14/03/2017

Risk No	*Description of RISK Concern (x,y,z)	IMPACT	LTHOOD	Quantile	Risk Score	Current Controls	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
1	<p><b>Workforce Sustainability</b> Risk due to changing workforce demographics &amp; the type of skills required to deliver services in the future the workforce may not have the skill, experience or capacity to deliver the type &amp; quality of services the community needs. This could be compounded by lack of resources available to invest in training our people.</p> <p>Potential Consequences: Don't attract or retain the right people, don't have an engaged &amp; resilient workforce, service user needs not met, strategic plan not delivered, &amp; reputational damage.</p>	4	2		8	<ol style="list-style-type: none"> <li>1. Strategic Plan</li> <li>2. Workforce Planning</li> <li>3. Individual development plans</li> <li>4. Training budgets</li> </ol>	People Plan approved by IJB June 2017	Head of Strategy and Support Services
2	<p><b>Performance Management Information</b> Risk due to lack of quality, timeous performance information systems to inform strategic &amp; operational planning &amp; decision making.</p> <p>Potential Consequences: Misallocate resources to non-priority areas, lack of focus, decisions based on anecdotal thinking or biased perspectives, &amp; community needs not met.</p>	3	2		6	<ol style="list-style-type: none"> <li>1. Performance management infrastructure and reporting cycle</li> <li>2. Regular financial monitoring reports showing performance against budget and projected outturns</li> <li>3. Locality planning arrangements</li> <li>4. Robust budget planning processes</li> <li>5. Quarterly Performance Reviews</li> <li>6. Data repository regularly updated</li> <li>7. Quality strategy and self evaluation processes</li> </ol>	Review of Performance reporting frameworks. Performance framework workshop being organised for SMT October 2017.	Head of Strategy and Support Services
3	<p><b>Complaints Process</b> Risk of ineffective complaints process due to process complexity &amp; the need to put complaints in writing.</p> <p>Potential Consequences: Missed opportunities to learn from perceived &amp; real errors or mistakes, missed opportunity to address perceived or real problems at earliest opportunity &amp; possibly leading to more serious complaints &amp; litigation later, services do not respond as they should to service user needs, &amp; reputational damage.</p>	2	2		4	<ol style="list-style-type: none"> <li>1. Complaints process</li> <li>2. Complaints reporting - including the Annual Complaints report which goes to the Health &amp; Social Care Citee and IJB</li> <li>3. Performance management</li> <li>4. Service user engagement &amp; feedback processes</li> <li>5. Complaints handling training</li> <li>6. Complaints Officer</li> </ol>	Transition to new Complaints Processes completed and new procedure reported to IJB September 2017.	Head of Strategy and Support Services
4	<p><b>Financial Sustainability / Constraints / Resource Allocation</b> Risk due to increased demand for services, potentially not aligning budget to priorities, or anticipated future budget cuts to our funding partners which means that the level of funding provided by the funding partners to the IJB becomes insufficient to meet national &amp; local outcomes &amp; to deliver Strategic Plan Objectives</p> <p>Potential Consequences: IJB unable to deliver Strategic Plan objectives, reputational damage, dispute with Partners, needs not met, risk of overspend on Integrated Budget</p>	4	3		12	<ol style="list-style-type: none"> <li>1. Strategic Plan</li> <li>2. Due Diligence work</li> <li>3. Close working with Council &amp; Health when preparing budget plans</li> <li>4. Regular budget monitoring reporting to the IJB</li> <li>5. Regular budget reports and meetings with budget holders</li> <li>6. Regular Heads of Service Finance meetings</li> <li>7. Close working with other HSCPs to deliver a whole system approach to financial planning and delivery</li> </ol>	Development of Medium Term Financial Strategy/Plan - end Sept 2017	Chief Financial Officer

Risk No	*Description of RISK Concern (x,y,z)	IMPACT	L'HOOD	Quantile	Risk Score	Current Controls	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
5	<p><b>Effective Governance</b> Risk through partner organisational restructures causing additional governance complexity, not having the right skills mix on the IJB, lack of clarity of role &amp; 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>	4	2		8	<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 CMT's &amp; 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>	IJB members development/induction programme being developed.	Chief Officer
6	<p><b>Understanding Needs of the Community</b> Risk due to lack of quality data about the needs of service users in order to inform decision making &amp; allocation of resources to deliver the Strategic Plan</p> <p>Possible consequences: Poor quality decision making, don't address health inequalities or understand root causes of why they persist, lack of understanding about future needs &amp; service demands, unable to allocate resources appropriately to deliver the strategic plan, high levels of disease, drug &amp; alcohol misuse consume ever more resources.</p>	4	2		8	<p>1. Community Engagement</p> <p>2. Health Education Programmes</p> <p>3. Locality planning to enhance local targeting of services</p> <p>4. Strategic Planning Group</p> <p>5. Equalities Outcomes as part of the Strategic Plan</p> <p>6. Strategic Needs Assessment Work which is advanced at a community and care group level</p> <p>7. The above informs work across care groups and partnership working</p>	Develop a Community Engagement Strategy for the HSCP - aligned with the CPP - end Dec 2017 Underway and being informed by the review of the Strategic Plan	Head of Strategy and Support Services
7	<p><b>Relationship with Acute Partners</b> Risk due to partnership breakdown caused by different priorities &amp; pressures from external stakeholders, lack 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>	4	3		12	<p>1. HSCP/Acute joint working groups</p> <p>2. CO on HB CMT along with Acute Colleagues</p> <p>3. Developing commissioning plans in partnership with Acute colleagues</p> <p>4. Workstreams have been developed within the commissioning framework</p>	Development of Market Facilitation Plan - Sept 2017 Market Facilitation Statement being presented to the IJB September 2017	Head of Strategy & Support Services
8	<p><b>Strategic Capacity</b> Risk due to constrained resources within partner organisations, loss of key people, or lack of commitment to IJB priorities</p> <p>Potential Consequences: partners do not engage or consult with IJB, short term pressures mean long term strategic thinking &amp; planning is neglected, poorer health outcomes for the community, do not address long term entrenched health problems, or deliver the strategic plan</p>	4	2		8	<p>1. Strategic Planning Process</p> <p>2. Performance Monitoring</p> <p>3. Workforce development plan</p> <p>4. Close working of CO and SMT with Senior Officers of HB and Council</p> <p>5. Staff Partnership Forum</p> <p>6. IJB Oversight of performance</p> <p>7. Planning framework</p>	Development of Commissioning Plan for Acute - Sept 2017 Will be part of the wider Commissioning Plan	Head of Adult and Community Care
9	<p><b>Legislative/Policy Developments</b> A risk of further legislative or policy development or change which impacts the IJBs ability to deliver its strategic plan</p> <p>Potential Consequences: IJB unable to deliver Strategic Plan, additional unfunded cost pressures, reputational damage</p>	4	2		8	<p>1. Ongoing work of the Strategic Planning Group</p> <p>2. Close working of the CO and SMT with Senior Officers of HB and Council</p> <p>3. Horizon scanning through SMT network groups</p> <p>4. Regular liaison of senior officers with Scottish Government</p> <p>5. Childrens Services Plan</p>	Review of Strategic Planning Group underway	Head of Strategy and Support Services
							Regular analysis of new policies to ascertain possible impacts. Regular discussions at Chief Officers' Group and Strategic Leads Group. Reports will be brought to IJB as required.	Chief Officer

Risk No	*Description of RISK Concern (x,y,z)	IMPACT	L'HOOD	D	Quartile	Risk Score	Current Controls	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
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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.

