
To: Integration Joint Board Audit Committee

On: 29 June 2018

Report by: Chief Officer

Heading: IJB & HSCP Risk Registers

1. Summary

- 1.1. The purpose of this report is to provide an update to the IJB Audit Committee on the status of the Risk Register(s) currently being maintained by Renfrewshire Health & Social Care Partnership (HSCP).
- 1.2. The changes and updates in this report were reviewed by the Senior Management Team on 8 June 2018. In terms of accountability, it was agreed that two separate risk registers should be maintained – one specifically for the strategic responsibilities of the IJB and another for the operational responsibilities of the HSCP.

2. Recommendation

The IJB Audit Committee is asked to:

- Review the content of this report;
- Approve the IJB risk register; and
- Note the Health & Social Care risk register.

3. Background

- 3.1. It was agreed at the IJB meeting on 23 June 2017, that risk management arrangements would be reviewed by the IJB Audit Committee.

4. Current Position

- 4.1 The Health & Social Care Partnership previously combined risks for the IJB, Social Work and Health into one risk register. The status of this Risk Register is regularly reported to the HSCP Senior Management Team.
- 4.2 Future scrutiny of the Integration Joint Board risk register will be undertaken by the Audit Committee, and information relating to key partnership risks will

be provided to the Audit Committee for awareness. Outcomes of this scrutiny will be available via the minutes for this Committee.

5. IJB Risk Register

- 5.1 The IJB Risk Register is maintained, updated and reported in line with the Risk Management Policy developed for integration bodies.
- 5.2 Going forward, as previously stated in 1.2, it was proposed that the current Risk Register is divided into 2. This would be an IJB Risk Register and a combined Health and Social Care Partnership Risk Register.
- 5.3 The IJB Risk Register would note risks specifically relating to the Board in respect of financial sustainability and accountability for delivery of the Strategic Plan.
- 5.4 The previously approved Risk Management Policy and Strategy has been updated to reflect this change and is attached as Appendix 1.
- 5.5 There are **4** 'live' risks on the IJB Risk Register with **2** items having a risk level of 'High' and **2** with a risk level of 'Moderate'.
- 5.6 The most recent version of the IJB Risk Register is attached as Appendix 2.

6. HSCP Risk Register

- 6.1 The Renfrewshire HSCP Risk Register is currently maintained, updated and reported in line with the expectations of both NHSGGC and Renfrewshire Council.
- 6.2 There are **13** 'live' risks on the HSCP Risk Register, with **9** items having a current risk level of 'high' and **4** items with a risk level of 'moderate'.
- 6.3 The most recent version of the HSCP Risk Register is attached as Appendix 3.

Implications of the Report

- 1. Financial** - There are no financial implications arising from the submission of this paper. It is anticipated that costs associated with the management of individual risks will be met through service budgets. Where additional funding is required in the management of specific risks this should be considered by the Chief Financial Officer on a case by case basis.
- 2. HR & Organisational Development** - There are no HR & OD implications arising from the submission of this paper

3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper
4. **Legal** - There approval of the Risk Management Policy and Strategy and initial list of risks is in line with the requirements of the Integration Scheme.
5. **Property/Assets** - There are no property/ asset implications arising from the submission of this paper.
6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
7. **Equality and Human Rights** -The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report
8. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.
9. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
10. **Risk** – none.
11. **Risk Implications** – As per the subject content of this paper

List of Background Papers – None.

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Renfrewshire IJB Risk Register

Report Type: Risks Report
Generated on: October 2017
HSCP Senior Management Team

Financial Sustainability							
Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
IJBRR.17.01.02	Demographic pressures	There is a risk that if financial and demographic pressures of services were not effectively planned for and managed over the medium to longer term, there would be an impact on the ability of the service to deliver services to the most vulnerable people in Renfrewshire.	HSCP Senior Management Team	* Demand management review undertaken * Long term financial planning processes, including strategic commissioning plans * Budget monitoring processes in place and subject to ongoing review * Client group budget management meetings held * Programme of financial management training in place for budget holders * Eligibility criteria established as appropriate * Programme of service reviews in place * Investment in service redesign opportunities to improve efficiency and effectiveness.	02	05	10 High
Context:							
(1) Medium and longer term financial planning							
(2) Corporate and service review activities							
(3) Strategic commissioning approach							
(4) Development of cost care models							
Action Codes	Linked Actions	Latest Note			Assigned To	Due Date	Status

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
IJBRR.17.01.03 Key financial risks	There are a number of financial challenges facing the IJB and if not adequately addressed, could lead to financial instability within the partnership and potential impact to service delivery.	HSCP Chief Finance Officer	*Financial management framework implemented. *Regular monitoring by Chief Finance Officer. *Budget meetings across all service areas. *Finance issues to be discussed at SMT and IJB meetings. *Main pressure area remains requirement to increase staffing levels. *Daily reviews of patients on special observations, together with detailed monitoring on a weekly basis remains in place and regular meetings between management and clinical staff are held. *Regular financial performance meetings in place with HSCP Chief Officer, Chief Finance Officer, NHS Director of Finance and Council Director of Finance and Resources *Regular meetings of Medicines Management Group with a focus on prescribing year end out-turn. *Discussion at GP forum on importance of prescribing financial break even. *Financial situation to be discussed at GP forum and each practice visited thereafter to highlight and agree further prescribing cost reduction measures. *Continued vigilance particularly around effect of generic drug price fluctuations. *Risk assessments undertaken to ensure unacceptable clinical risks are avoided.	02	05	10 high
Context: 1. Service Areas individually, or in combination, experience expenditure levels which exceed funding allocations and threaten achievement of HSCPs key financial objectives due to: (a) Pay growth (b) Prescribing (c) Sickness & Absence cover (d) Community equipment expenditure (e) Impact arising from Resource Allocation Model (f) Financial impact of any clinical failures (g) Compliance with new statutory requirements 2. The requirement for savings to be delivered in 2018/19 could result in the removal of budget which could have an impact on front line services and likelihood of this is increasing.						
Action Codes	Linked Actions	Latest Note		Assigned To	Due Date	Status

Strategic Plan

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
IJBRR.17.02.04 Health Inequalities	There is a risk that health inequalities increase. This may result from long-term conditions, deprivation or individual risk-taking behaviours resulting in a population with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities.	Head of Strategic Planning & Health Improvement	*EQIA support service policies and redesign on an ongoing basis *Increase focus on equalities issues across range of HSCP initiatives. *Health Improvement Team in place *Community Links Team in place *Support for community led health activities *Targeted events to raise awareness *Focus of strategic plan	03	03	9 Moderate
Context: (1) Health Improvement (2) Partnership working						

Action Codes	Linked Actions	Latest Note	Assigned To	Due Date	Status

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
IJBRR.17.02.05 Meeting targets and maintaining standards	There is a risk that failure to Local Delivery Plan/ Strategic Plan targets and standards, and other key performance indicators could result in a decreased level of service for patients and clients	HSCP Senior Management Team	* Proforma reports presented to all IJB meetings with full scorecard presented 6-monthly * Monitoring by planning groups and SMT * Needs Assessment carried out * Frameworks guidance/circulars * Legislation * National and Local Performance Indicators * Equality Scheme Action Plans * Flexible Budgets * Staffing resources are flexed to meet priorities/demand * Development of data capture systems to inform local planning. learning and education plans reflect need for anti-discriminatory practice * Quality care and professional governance arrangements	03	03	9 Moderate
Context: Lack of relevant disaggregated data hinders detailed analysis and planning.						
Action Codes	Linked Actions	Latest Note	Assigned To	Due Date	Status	

Renfrewshire HSCP Risk Register

Report Type: Risks Report
Generated on: June 2018
HSCP Senior Management Team

1 - HSCP Organisational						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.17.01.01 Information Governance Context: (1) Subject Access Requests (2) Data sharing agreements (3) GDPR	There is a risk that failure to develop and implement robust procedures around information governance could lead to inappropriate sharing of sensitive information and potential sanctions from the Information Commissioner and breach of copyright law. There is a risk of failure in the implementation of the General Data Protection Regulations (GDPR) which are effective from 25 May 2018.	HSCP Head of Administration	*Procedures are in place on all sites for use/release of data, including Multi-Agency Public Protection Arrangements (MAPPA) related information, monitoring of Information Governance Standards, Cadicott Guardian responsibilities, Information Sharing Protocols. *All portable devices encrypted *Copyright notices circulated to all bases and clearly displayed at all photocopiers/printers. *Staff made aware of copyright information available on StaffNet Materials Protected by Copyright August 2011. *Process developed for responding to requests for personal data/ Subject Access Requests *Process developed for managing electronic and manual record containing personal data *Data protection training and awareness sessions in place *Operational policies *Professional standards of conduct *Information Governance Managers and Information Governance Team in place in partner organisations *Staff training and awareness sessions under way	03	04	12 High
Action Codes	Linked Actions	Latest Note	Assigned To	Due Date	Status	

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.17.01.02 Workforce Planning <u>Context:</u> A flexible and skilled workforce is essential to the future development of high quality services and reliance on locum and agency staffing increases financial pressures. (1) Specific pressures around medical staffing, district nursing and home care services (2) Sufficient numbers of staff (3) Right competencies (4) Professional Registration (5) Pressures resulting from additional complex planning structures which require managerial and clinical input. (example: moving forward together, Regional Planning)	There is a risk that failure to prioritise effective workforce planning could lead to longer term workforce difficulties, shortages in some skill sets and potential impact on service delivery.	HSCP Heads of Health & Social Care (West Renfrewshire and Paisley); HSCP Head of Mental Health, Addictions & Learning Disabilities; Head of Strategic Planning & Health Improvement; HSCP Chief Nurse	*Quality assurance process of working on shift to identify areas of good practice and additional care pressures. *Vacancies are recruited to follow risk assessment and review of staffing profile with minimum delay in accordance with Board process *There is a monthly forward planning of off-duty rosters as per rostering policy with weekly review of planned roster by service manager and daily review by lead nurses to identify and manage any shortfalls *The completion of an integrated workforce plan based on the six steps methodology currently under development will inform longer term planning and decision making in relation to current and future utilisation of workforce resources *Weekly review of areas of high clinical activity and deployment of resources to meet this. *Weekly request to nurse bank to meet additional staffing resource requirement. *Daily reconciliation of staffing levels for each area and review of available redeployment opportunities and risk management to ensure appropriate deployment of all available staffing according to risk. *Services working in accordance with rostering policy and monitoring/ escalation guidance *Robust application of attendance management policy to maximise available staffing resources. *Robust application of safe and supportive observation policy to ensure application of enhanced observations meets requirements of least restriction as described within Milan Principles. *Chief Nurse overview of workforce recommendations in line with local/ Board/ national review *Systems in place to support all professional registration/ revalidation in order to minimise risk of lapse and consequently on service delivery *Template letter now reviewed. Local process updated to enable reporting measures. *Professional assurance framework in place.	04	04	16 High
A practice handing back their contract and the HSCP has to run the practice		HSCP Chief Officer, HSCP Clinical Director, HSCP Heads of Health & Social Care (West)	*Early warning systems in place *Prioritise at risk practices for additional resources *Work with Primary Care Support to support practices *Cluster support for 'struggling' practices	04	05	12 High

				Renfrewshire and Paisley);					
Action Codes	Linked Actions	Latest Note			Assigned To	Due Date	Status		

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.17.01.03 Resilience - Incident Management Context: (1) Disruptive events that impact on the community, the environment, our employees or the reputation of the service. (2) http://www.firescotland.gov.uk/media/864542/west_crr_version_1.2.pdf	There is a risk that ineffective preparation and planning for potential disruptive events such as those reflected within the West of Scotland Community Risk Register, that directly relate to the HSCP services, may result in the inability to effectively respond and manage the event in a way minimises harm to the community, our employees and the reputation of the HSCP.	HSCP Head of Administration	*Participation in Partner Organisations' emergency planning (ie for major incidents, pandemics etc) *Participation in joint exercises *Participation in various working groups to discuss and develop incident response arrangements. *Emergency contacts directory *Call cascade tests by Local Authority *Robust and tested Business Continuity Plan	02	03	6 Moderate
Action Codes	Linked Actions	Latest Note		Assigned To	Due Date	Status

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.17.01.04 Resilience - Business Continuity Context: (1) Non-availability of premises, employees or systems impacting on services/functions	There is a risk that non availability of (1) premises either through fire or flood etc; (2) key staff or significant numbers of front-line staff and/or (3) systems (telephony, Swift, power failure etc) may result in adverse impact on service provision.	HSCP Head of Administration	*Investment in and management of properties to ensure premises are fit for purpose. *Business continuity plans in place for all areas of the service *Policies and processes in place regarding system failures e.g. helpdesk *SWIFT/AIS guidance regularly updated and communicated to staff, with system subject to ongoing programme of upgrading. *Rigorous implementation of absence management and support policies.	02	03	6 Moderate
Action Codes	Linked Actions	Latest Note		Assigned To	Due Date	Status

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.17.01.05 Staff Governance, Health, safety & Wellbeing	There is a risk if the Health and Safety of staff is not supported through a comprehensive range of policies and procedures. If full compliance is not achieved this may impact on the ability of the service to provide a safe working environment for staff (including violence to staff).	HSCP Senior Management Team	* Compliance with Staff Governance standards * Joint Health and Safety Committee in place * The HSCP's organisational development and service improvement strategy focuses on 3 key objectives that will support the workforce to be committed, capable and engaged in person-centred safe and effective service delivery * Completion of individual risk assessments for clients * Warning flag system in place on electronic care records * Interview rooms designed in line with health, safety and professional standards * Ongoing programme of staff training, including mandatory and statutory training, on health and safety issues. * Recording of accidents and violent incidents, with statistics reviewed on a regular basis by partnership Health and Safety Committee. * Guidance on driving and transport use * Guidance on effective use of equipment in place * Investigation and ongoing review process of significant incidents * Learning from RIDDOR led by Health & Safety advisors * Staff debriefing following incidents * Active lone working policies, procedures and personal alarms * Occupational Health services, stress management and counselling * Adverse weather policies in place (check similarity)	03	04	12 High
Action Codes	Linked Actions	Latest Note		Assigned To	Due Date	Status

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.17.01.06 Equality & Human Rights Compliance	There is a risk if compliance of duties which came into force in April 2011 in relation to the Equality Act is not met. If relevant activities are not prioritised by the service, there may be a risk of future legal or financial challenge.	Head of Strategic Planning & Health Improvement	* The Equality Impact Assessment toolkit is implemented * Equality implications are recorded as part of IJB board papers * Equality and diversity training for all employees * The partnership has representation on the Diversity and Equality Alliance in Renfrewshire Group to promote and raise awareness of equalities * Fora with minority groups established * Signposting events held with West of Scotland Racial Equality Council * Participation in community planning and corporate equalities groups.	03	03	9 Moderate
Action Codes	Linked Actions	Latest Note		Assigned To	Due Date	Status

2 - HSCP Clinical & Care

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.17.02.07 Public Protection	Context: The partnership has a public protection role. (1) Adult and child protection (2) Effective risk management (3) Management of high-risk offenders (4) Multi-agency training and procedures	There is a risk that inconsistent assessment and application of Adult and Child Support and Protection procedures may result in poor identification of those at risk or those who have been harmed, and may also lead to a failure to comply with legislative requirements.	Heads of Health & Social Care (Paisley & West Ren) ; Head of Mental Health, Addictions & Learning Disability Services.	*Robust policies and procedures communicated throughout the HSCP. *Regular caseload management by team leaders in place, clinical supervision of staff established. *Governance arrangements at service, HSCP, Partnership and NHSGGC levels. *Multi-agency child and adult protection committees well established, with independent chair in place for both. *Chief Officers Group, comprising of leaders from all relevant partner agencies, meet on a regular basis to discuss key issues. Joint Communications sub-group now established. *Multi-agency child and adult protection training programme in place, facilitated by dedicated trainer. *Regular programme of case file auditing undertaken by the adult and child protection committee. Social Work implementing an internal case file audit programme. *The self evaluation and quality assurance processes conducted by all services. *Multi-agency action plan developed to progress recommendations of Significant Case review *Annual conferences held by both the adult and child protection committees *Self-evaluation activities undertaken on an annual basis by both the adult and child protection committees. *Management and supervision policies in place and levels of management review established. *Recording protocols and data quality checks undertaken *Lead officers for child and adult protection, and MAPPA identified with Social Work. *Development work undertaken with STRADA in relation to work with families where parental addiction exists. *Contract monitoring undertaken *Information management and security policies in place corporately.	03	05	15 High
Action Codes							

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.17.02.08 Clinical and Care Governance		There is a risk that failure to comply with all clinical standards and protocols and appropriate clinical and environmental risk assessments could result in harm to staff, patients and service users, visitors and the public	HSCP Senior Management Team	* Proactive controls arising from clinical and general management systems and processes including provision and uptake of relevant training, robust policy and procedures, Health & Safety Forum, Quality Care & Professional Governance Group, Patient Safety Forum and incident monitoring. * Ongoing monitoring includes structured responsibility for detection and review of Critical Incidents with special emphasis on ensuring lessons learned from incidents are disseminated and applied across the HSCP, Renfrewshire Council and the NHS Board. * Consider forthcoming Duty of Candour * Professional structure in place * Ensuring that there is professional as well as operational overview of any savings discussions * Assurance that robust risk management process in place to justify any decisions and describe alternative service delivery to ensure safe, effective and person centred care * Professional leads have process in place to record and, if necessary, escalate concerns	03	05	15 High
Context: (1) Pressure re providing adequate staffing levels to meet demands of activity. (2) Examples of clinical and care incidents include Suicide or Self Harm; Violent patients; Absconding patients; Accidental and Deliberate Overdose; Moving and Handling Incidents (3) Challenges of meeting workload demands and improving services in conjunction with identification of savings (4) Ensuring alignment with Scottish Government and Board strategic direction in terms of workforce							
Action Codes	Linked Actions	Latest Note		Assigned To		Due Date	Status

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.17.02.09 Failure of major providers		There is a risk that failure or loss of a major service provider may impact on our capacity to deliver services, protect vulnerable children and adults and may impact on additional costs to cover key services.	HSCP Senior Management Team	* Appraisal of providers conducted as part of procurement process. * Purchasing patterns monitored by Finance Team and senior managers. * Programme of reviews of all service providers. * Main providers registered and monitored by Care Inspectorate, with reports accessible for review. Participation in local and national contingency arrangements relating to providers facing financial uncertainty to ensure minimal impact on local service users. * Contract compliance and performance monitoring including the new arrangements for the two hospices * Clinical Director providing support and guidance to GP services reporting challenges in recruitment and capacity * Practice Support Pharmacists are being deployed to GP surgeries based on level of workforce shortages and risk of failure	03	04	12 High
Context: (1) Care providers (2) GP services							
Action Codes	Linked Actions	Latest Note		Assigned To		Due Date	Status

Context		Risk Statement	Owned by	Current Risk Control Measures		Likelihood	Impact	Evaluation
HSCPRR.17.02.10 Lost Bed Days	Context: (1) Change in criteria - the number of days where a patient has to be ready for discharge has been reduced to 3 days (2) Change in arrangements re beds at Darnley	There is a risk that failure to meet agreed reduction in lost bed days, resulting in adverse impact on patients and acute services bed capacity/cost pressures, in particular those arising from Adults with Incapacity cases.	Heads of Health & Social Care (Paisley and West Ren)	*Monthly Performance Monitoring in place. *Regular monitoring of position and mechanism for dialogue with Local Authority and Acute Division in place. *Regular reporting to IJB, SMT, OPR and NHSGGC Ageing Population Group.		04	04	16 High
Action Codes		Linked Actions	Latest Note	Assigned To	Due Date	Status		

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.17.02.11 Developing self-evaluation arrangements	Context: (1) Public Service Improvement Framework (2) Consolidation of CSE accreditation (3) Supported self-evaluation with the Care Inspectorate (4) Case file auditing programme	There is a risk that self-evaluation of performance and practice is key to the continuous improvement of the service. There is a risk that insufficient development of this agenda will impact on service development activity and increase the burden of external scrutiny.	Heads of Health & Social Care (Paisley and West Ren) ; Head of Mental Health, Addictions & Learning Disability Services; Head of Strategic Planning & Health Improvement.	* Inspection overview submitted to Board on 6 monthly basis * Programme of self assessment rolled out across service using PSIF. * Complaints monitoring allows for key areas of development to be identified - update	03	03	9 Moderate
Action Codes		Linked Actions	Latest Note	Assigned To	Due Date	Status	

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.17.02.12	Self-directed support	There is a risk that challenges around implementation of the 4 options could impact on service users and the reputation of the HSCP	Heads of Health & Social Care (Paisley & West Ren); Head of Mental Health, Addictions & Learning Disability Service; Chief Finance Officer.	*Streamlined controlled business process introduced to promote equity and quickly deliver supported plans that are agreed using agreed resource allocation system *Ongoing training and development programme in place ensuring staff remain up to date with current business process *Development of resource directory being progressed *Procurement process developed and established and embedded within current processes *Financial allocation systems refreshed in line with FY16/17 and living wage commitment *Assessment and care management documentation developed and refreshed for frontline staff to ensure consistency with self-directed support process *CIPEA SDS Guidance implemented and embedded within current processes	03	04	12 High
Action Codes		Linked Actions	Latest Note		Assigned To	Due Date	Status

3 - HSCP Hosted Services

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.17.03.13	Workforce Planning (H06 - Performers and Ophthalmic Lists)	There is a risk that failure to undertake all relevant checks with regard to Applicants seeking inclusion in GG&C Performers & Ophthalmic Lists, resulting in failure to comply with regulatory requirements and could result in a GP and/or Ophthalmic practitioner being incorrectly admitted to the list.	Head of Primary Care Support	*Application checklists to be adhered to ensure all appropriate checks are undertaken. *Process in place to liaise with Clinical Director/Optomeric Advisor if any issues raised in relation to Clinical references provided, prior to admitting applicant to relevant list.	03	04	12 High
Action Codes		Linked Actions	Latest Note		Assigned To	Due Date	Status