
To: Renfrewshire Integration Joint Board

On: 24 June 2016

Report by: Chief Officer

Heading: Risk Management Update

1. Summary

- 1.1. During 2015/16, members received regular risk management update reports in relation to the activities of the Integration Joint Board.
- 1.2. At the IJB meeting on 18 March 2016, members noted that the risk management arrangements to reflect the strategic and operational responsibilities of the Partnership would be brought to the IJB meeting on 24 June 2016.
- 1.3. This paper seeks the approval of Renfrewshire IJB to the proposed approach to risk management.
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2. Recommendation

It is recommended that the IJB:

- Agree that the Chief Officer and the Senior Management Team will monitor and manage the risk register on a monthly basis and that summarised reports will be brought to the IJB twice yearly.
 - Approve the HSCP Risk Register which reflects the HSCP's strategic and operational responsibilities in relation to the delivery of health and adult social care services from 1 April 2016.
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3. Background

- 3.1. The risk register was formed by the HSCP Senior Management Team through an amalgamation of the previous risk registers of the Community Health Partnership and Renfrewshire Council Adult Social Work.
- 3.2. It has been prepared in accordance with the Risk Management Policy and Strategy approved by the IJB at its 18 September 2015 meeting.
- 3.3. Both NHS Greater Glasgow & Clyde and Renfrewshire Council will continue to apply their existing policies and systems for risk management. We will ensure that the HSCP's risk management arrangements compliment those of the parent organisations.
- 3.4. In terms of how we ensure effective risk management, the SMT will:

- Twice yearly report on risk management issues and action to the IJB;
- Ensure Service Managers hold a service level risk register that will be monitored and actions taken as part of normal day to day operational management.

4. Risk Register & Matrix

- 4.1. Risk Register attached (Appendix 1).
- 4.2. Matrix attached (Appendix 2).

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** – The approval of the Risk Register 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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Risk Register

Report Type: Risks Report
Report Author: HSCP Senior Management Team
Generated on: 10 May 2016

Appendix 1

Priority 1: HSCP Strategic						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.16.01.01 Health Inequalities Context: (1) Health Improvement (2) Partnership working	Health inequalities resulting from long-term conditions, income inequalities and individual risk-taking behaviours results in a population with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities.	HSCP Senior Management Team	* 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 * Support for community led health activities * Targeted events to raise awareness * Focus of strategic plan	03	03	9 Moderate
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.16.01.02 Meeting targets and maintaining standards Context: Lack of relevant disaggregated data hinders detailed analysis and planning.	Failure to meet HEAT targets and standards and other key performance indicators could result in a decreased level of service for patients and clients	HSCP Senior Management Team	* 6-monthly performance reports to IJB. * Monitoring by planning groups and SMT * Needs Assessment Plans * Frameworks guidance/circulars * Legislation * 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 * Professional care governance arrangements	03	03	9 Moderate

Priority 2: HSCP Organisational						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.16.02.03 Information Governance Context: (1) Subject Access Requests (2) Data sharing agreements	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.	HSCP 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, Caldicott 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 including summary of National Policy on Copying of Print 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	03	04	12 High
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.16.02.04 Workforce Planning Context: (1) Specific pressures around medical staffing, district nursing and home care services (2) Sufficient numbers of staff (3) Right competencies (4) Professional Registration	A flexible and skilled workforce is essential to the future development of high quality services. 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 Head - Health & Social Care West Renfrewshire; HSCP Head - Health + Social Care Paisley; HSCP Head of Mental Health, Addictions & Learning Disabilities	* Quality assurance process of working on shift to identify areas of good practise and additional care pressures. * All staffing vacancies recruited to immediately vacancy arises. * Weekly overview across whole service of staffing levels. * 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. * 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. * Reliance on locum and agency staffing increases financial pressures. * PNA overview of workforce recommendations in line with local/ Board/ national review * Systems in place to support nursing registration/ revalidation in order to minimise risk of lapse and consequently on service delivery	04	04	16 High

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.02.05 Resilience - Incident Management	Ineffective preparation and planning for potential disruptive events such as those reflected within the 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 Administration	*Participation in Partner Organisations' emergency (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	02	03	6 Moderate
<u>Context:</u> (1) Disruptive events that impact on the community, the environment, our employees or the reputation of the service.						
HSCPRR.16.02.06 Resilience - Business Continuity	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 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
<u>Context:</u> (1) Non-availability of premises, employees or systems impacting on services/functions						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.02.07 Staff Governance, Health, safety & Wellbeing	The Health and Safety of frontline staff is 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 * 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 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	03	04	12 High
<u>Context:</u> (1) Employee safety and wellbeing in the community						

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.16.02.08 Equality & Human Rights Compliance	New duties relating to the Equality Act come into force on 1 April. If relevant activities are not prioritised by the service, there may be a risk of future legal or financial challenge.	HSCP Senior Management Team	*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 *Specialist advice and support to local people and to Council staff. *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
Context: (1) Meeting main duties flowing from Act (2) Promoting access to care and support across minority groups						

Priority 3: HSCP Clinical & Care						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.16.03.09 Public Protection	The partnership has a public protection role. 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.	HSCP Senior Management Team	*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 partners 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 Service implementing an internal case file audit programme. *Practice and service quality subject to regular external scrutiny by Care Inspectorate and other bodies as required. *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
Context: (1) Adult and child protection						
(2) Effective risk management						
(3) Management of high-risk offenders						
(4) Multi-agency training and procedures						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.16.03.10 Clinical and Care Governance	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 arising from for example: Suicide or Self Harm; Violent patients; Absconding patients; Accidental and Deliberate Overdose; Moving and Handling Incidents	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, Clinical and Care Governance Groups, 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.	03	05	15 High
Context: (1) Pressure re providing adequate staffing levels to meet demands of activity.						

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.03.11 Failure of major providers	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	03	04	12 High
Context: (1) Care providers (2) GP services						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.03.12 Lost Bed Days	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.	HSCP Head - Health & Social Care West Renfrewshire HSCP Head - Health + Social Care Paisley	* 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
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						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.03.13 Developing self-evaluation arrangements	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.	HSCP Senior Management Team	* Regular programme of external scrutiny by Care Inspectorate and Mental Welfare Commission * Registered services subject to regular inspections by Care Inspectorate * Support received from Care Inspectorate to develop self-evaluation arrangements through for example a case file auditing programme. * 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
Context: (1) Public Service Improvement Framework (2) Consolidation of CSE accreditation (3) Supported self-evaluation with the Care Inspectorate (4) Case file auditing programme						

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCP RR.16.03.14 Self-directed support	Challenges around implementation of the 4 options could impact on service users and the reputation of the partnership	HSCP Senior Management Team	* New business process established * Training and development programme for staff well embedded * Development work undertaken with providers and service user/carer organisations * Communication materials published * Development of resource directory being progressed to assist staff, service users and carers. * Procurement process developed and established * Financial allocation systems in place * Formal authorisation group operational to authorise individual decisions * Assessment and care management documentation being developed for staff to ensure consistency with self-directed support process. * SDS project team assist delivery * CIPFA SDS Guidance implemented	03	04	12 High
Context: (1) Social Care (Self-Directed Support) (Scotland) Act 2013 (2) Personalised approach to social care services (3) Individual budgets (4) Prioritising and meeting assessed needs (5) Managing expectations						

Priority 4: HSCP Financial

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.04.15 Demographic pressures	If the service's financial and demographic pressures were not effectively planned for and managed over the medium to longer term, this would 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
<u>Context:</u> (1) Medium and longer term financial planning (2) Corporate and service review activities (3) Strategic commissioning approach (4) Development of cost care models						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.04.16 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 obs, 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, Board 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
<u>Context:</u> 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) S&A cover (d) Community equipment expenditure (e) Impact arising from Resource Allocation Model (f) Financial impact of any clinical failures 2. The requirement for savings to be delivered in 2016/17 could result in the removal of budget which could have an impact on front line services and likelihood of this is increasing.						

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.04.17 Health Board Budget Setting	Given that the Health Board budget will not be finalised until after 1 April 2016, the partnership budget is unlikely to be determined in line with the legislation	HSCP Chief Finance Officer	* In line with the CFO's due diligence update to the IJB on 18 March 2016, the Chair of the IJB has written to NHSGGC on behalf of Renfrewshire IJB requesting confirmation that they fund the full cost of delegated health functions from 1 April 2016 net of any currently agreed viable cost reductions, and that this should be treated as an interim position pending the NHSGGC Board finalising its budget for 2016/17.	04	05	20 V.High
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.04.18 Integration Care Fund	There is lack of clarity surrounding the future funding through the Integration Care Fund which could increase further cost pressures and impact on service	HSCP Chief Finance Officer	*The allocation for 2016/17 is still to be finalised along with all other NHSGGC budgets to be delegated to the IJB. The CFO has clarified that existing projects will continue to be funded through 2016/17.	02	02	4 Moderate

Priority 5: HSCP Hosted Services

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.16.06.19 Workforce Planning (H 06 - Performers and Ophthalmic Lists)	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.	HSCP Chief Officer	*Application checklists to be adhered to ensure all appropriate checks are undertaken. *Process in place to liaise with Clinical Director/Optomtric Advisor if any issues raised in relation to Clinical references provided, prior to admitting applicant to relevant list.	03	04	12 High

RISK MATRIX

As per the approved Risk Management & Strategy, the IJB's appetite/tolerance for risk is as follows:

- any low risk is acceptable without any further action to prevent or mitigate the risk;
- any moderate risk is tolerable - control measures implemented or introduced must be cost effective;
- any high risk may be tolerable - providing the IJB is assured regarding the adequacy and effectiveness of the control measures in place. Any further control measures implemented or introduced must be cost effective in relation to the high risk;
- any very high risk is deemed to be unacceptable and measures should be taken to terminate, transfer or treat a very high risk to a more tolerable position.

This can be seen clearly in the matrix to the right:

In exceptional circumstances a combination of factors may converge to produce a very high risk, for which the IJB may have limited control (such as demographic change and financial pressures). Recognising this scenario, and taking on board the inherent level of risk experienced in some service areas, the IJB would expect that while it may have the capacity to deal with some very high risk, it would not wish to tolerate any more than two very high risks at any given time.

Likelihood	Consequent Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5