
To: Integration Joint Board Audit Committee

On: 24 November 2017

Report by: Chief Officer

Heading: Risk Management Policy & Strategy

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 31 October 2017. 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.
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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.
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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.
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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 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 **5** 'live' risks on the IJB Risk Register with **3** 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 NHSGGL 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.

Author: Jean Still, Head of Administration



Renfrewshire Integration Joint Board

Renfrewshire
Health and Social Care Partnership

Risk Management Policy and Strategy

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Policy – the risk management approach

1.1 Renfrewshire Integration Joint Board (IJB) is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.2 In doing so the IJB aims to provide safe and effective care and treatment for patients and clients and a safe environment for everyone working within the Health & Social Care Partnership and others who interact with the services delivered under the direction of the IJB.

1.3 The IJB believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

1.4 The IJB purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enable positive outcomes.

1.5 In normal circumstances the IJB's 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

1.6 The IJB promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJB.

1.7 As agreed at its meeting on 23 June 2017, the responsibility for monitoring the risk management arrangements for the IJB would be within the remit of the IJB Audit Committee.

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- a positive reputation established for the IJB.

- 1.8 The IJB Audit Committee will receive assurance reports not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the IJB.
- 1.9 The IJB, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

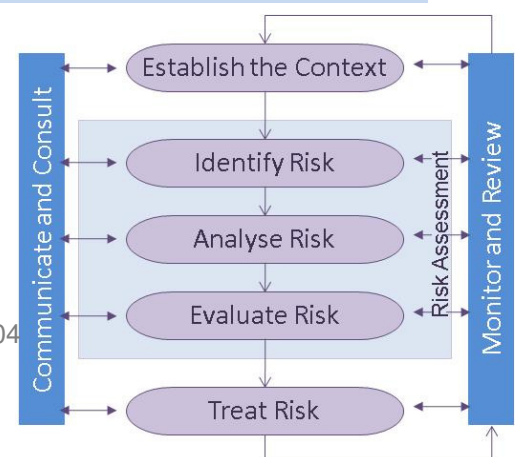
Strategy - Implementing the policy

1. Introduction

- 1.1 The primary objectives of this strategy will be to:
- promote awareness of risk and define responsibility for managing risk within the IJB;
 - establish communication and sharing of risk information through all areas of the IJB;
 - initiate measures to reduce the IJB's exposure to risk and potential loss; and,
 - establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.
- 1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.
- 1.3 **IJB/ Strategic risks** represent the potential for the IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.
- 1.4 **Operational/ Partnership risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJB's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to the IJB risk register.
- 1.5 All risks will be analysed consistently with an evaluation of risk as being low, moderate, high or very high.
- 1.6 This document represents the risk management framework to be implemented across the IJB and will contribute to the IJB's wider governance arrangements.

2. Risk management process

- 2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst also proactively identifying and managing adverse effects¹. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important



¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

role in ensuring that defensible and beneficial decisions are made.

2.2 The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.

3. Application of good risk management across the IJB activities

3.1 Standard procedures (3.1.1 – 3.1.10) will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of good risk management.

3.1.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.

3.1.2 Identification of risk using standard methodologies and involving subject experts who have knowledge and experience of the activity or process under consideration.

3.1.3 Categorisation of risk under the headings below:

- IJB/ Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes and financial sustainability.
- Operational/ Partnership Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Customer Service, Employee Health, Safety & Well-being, Business Continuity/ Supply Chain, Information Security and Asset Management.

3.1.4 Appropriate ownership of risk. Specific risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.

3.1.5 Consistent application of a standard risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place.

3.1.6 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJB in keeping with its appetite/ tolerance for risk. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the IJB is confident in its ability to achieve the benefits and manage/ contain the associated risk.

3.1.7 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.

3.1.8 Reporting of IJB/ strategic risks and key operational risks to the IJB on a six monthly basis (beginning of financial year and a mid year update).

3.1.9 Operation of a procedure for movement of risks between IJB/ strategic and operational/ partnership risk registers that will be facilitated by the Senior Management Team.

3.1.10 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Realising the risk management vision

4. Risk management vision and measures of success

Appropriate and effective risk management practice will be embraced throughout the Integration Joint Board as an enabler of success, whether delivering better outcomes for the people of Renfrewshire, protecting the health, safety and well-being of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

4.1 In working towards this risk management vision the IJB aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.

4.2 The measures of success for this vision will be:

- *good financial outcomes for the IJB*
- *successful delivery of the strategic plan, objectives and targets*
- *successful outcomes from external scrutiny*
- *fewer unexpected/ unanticipated problems*
- *fewer incidents/ accidents/ complaints*
- *fewer claims/ less litigation*

Risk leadership and accountability

5. Governance, roles and responsibilities

5.1 Integration Joint Board Audit Committee

On behalf of the Integration Joint Board, the Audit Committee is responsible for:

- oversight of the IJB's risk management arrangements;
- receipt and review of reports on IJB/ strategic risks and any key operational/ partnership risks that require to be brought to their attention; and,
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like (*The 'risk implications' section on relevant board papers can facilitate this*).

5.2 Chief Officer

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

5.3 Chief Finance Officer

The Chief Finance Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

5.4 Senior Management Team

The Head of Administration is responsible for:

- supporting the Chief Officer and Chief Finance Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the Audit Committee; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

5.5 Individual Risk Owners

It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.

5.6 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

5.7 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

5.8 Senior Information Risk Owner

Responsibility for this specific role will remain with the individual partner bodies.

Resourcing risk management

6. Resourcing the risk management framework

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- 6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the IJB will be resourced through the Senior Management Team's arrangements (referred to in 5.4).
 - 6.2 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

7. Resourcing those responsible for managing specific risks

- 7.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.
- 7.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Finance Officer.

Training, learning and development

8. Risk management training and development opportunities

- 8.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 5.4).

Monitoring activity and performance

9. Monitoring risk management activity

- 9.1 The IJB operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 9.2 Monitoring will include review of the IJB's risk profile at Senior Management Team level.
- 9.3 Monitoring of the risk profile will be undertaken on a quarterly basis.
- 9.4 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

10. Monitoring risk management performance

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- 10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
 - 10.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.
 - 10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
 - 10.4 Reviewing the IJB's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

Communicating risk management

11. Communicating, consulting on and reviewing the risk management framework

- 11.1 Effective communication of risk management information is essential to developing a consistent and effective approach to risk management.
- 11.2 Copies of this policy and strategy will be widely circulated via the Senior Management Team and will form the basis of any risk management training arranged by the IJB.
- 11.3 The Policy and Strategy (version 2.0) will be submitted to the Integration Joint Board Audit Committee for approval at its meeting of 24 November 2017.
- 11.4 This policy and strategy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the IJB's business environment.

Appendix 2: 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.17.01.01 Development of IJB 2018/19 budget. Context: The IJB's 2018/19 budget is still being developed. The savings required for 2018/19 are more challenging than those required in 2017/18. There is high projected growth in demand and increase costs.	There is a risk that delays in agreeing the 2018/19 budget will impact negatively on the financial management of the IJB and service delivery.	HSCP Chief Finance Officer	*The timing of NHS financial planning and associated partnership budget contributions is a national issue. We continue to raise this through a number of forums both locally and nationally. *See also the risk control measures given for the risk above.	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
IJBRR.17.01.02 Demographic pressures Context: (1) Medium and longer term financial planning (2) Corporate and service review activities (3) Strategic commissioning approach (4) Development of cost care models	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
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
	<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) Sickness & Absence 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 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
<u>Context:</u> (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
<u>Context:</u> Lack of relevant disaggregated data hinders detailed analysis and planning.						
Action Codes	Linked Actions		Latest Note	Assigned To	Due Date	Status

Appendix 3: Renfrewshire HSCP Risk Register

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

1 - HSCP Organisational						
Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.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, 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 *Staff training and awareness sessions under development	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	Context: 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 Snr Professional Nurse Advisor.	*Quality assurance process of working on shift to identify areas of good practise and additional care pressures. *Vacancies are recruited to follow risk assessment and review of staffing profile with minimum delay *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. *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 *Template letter now reviewed. Local process updated to enable reporting measures. *Professional assurance framework in place.	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.17.01.03 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
HSCPRR.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
HSCPRR.17.01.05 Staff Governance, Health, safety & Wellbeing Context: (1) Employee safety and wellbeing in the community	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 * 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 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
HSCPRR.17.01.06 Equality & Human Rights Compliance Context: (1) Meeting main duties flowing from Act (2) Promoting access to care and support across minority groups	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
HSCP RR.17.02.07 Public Protection	<u>Context:</u> 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	Linked Actions		Latest Note		Assigned To	Due Date	Status

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
HSCPRR.17.02.08 Clinical and Care Governance	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	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	03	05	15 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.17.02.09	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
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		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
Context: (1) Public Service Improvement Framework (2) Consolidation of CSE accreditation (3) Supported self-evaluation with the Care Inspectorate (4) Case file auditing programme							
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 *CIPFA 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