

REPORT

 Item No:

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| SUBJECT: | Risk Management |
| TO: | IJB Sub Committee |
| Lead Officer for Report: | Janice Hewitt, Chief Accountable Officer |
| Author(s) of Report | Head of Planning, Performance and Quality Assurance |
| DATE: | 24.09.18 |

1. PURPOSE OF REPORT

This paper is coming to the Sub Committee

| | | | | | |
|--------------|-------------------------------------|-----------------|--------------------------|---------|--------------------------|
| For approval | <input checked="" type="checkbox"/> | For endorsement | <input type="checkbox"/> | To note | <input type="checkbox"/> |
|--------------|-------------------------------------|-----------------|--------------------------|---------|--------------------------|

2. ROUTE TO THE SUB-COMMITTEE

This paper has been:

| | | | | | |
|----------|-------------------------------------|----------|-------------------------------------|----------|--------------------------|
| Prepared | <input checked="" type="checkbox"/> | Reviewed | <input checked="" type="checkbox"/> | Endorsed | <input type="checkbox"/> |
|----------|-------------------------------------|----------|-------------------------------------|----------|--------------------------|

- 2.1 The paper was prepared by the Head of Planning, Performance and Quality Assurance and reviewed at the Core Senior Leadership Team meeting.

3. RECOMMENDATIONS

- 3.1 The Sub-Committee is asked to;

- Approve the content of the report

4. BACKGROUND/SUMMARY OF KEY ISSUES

- 4.0.1 On 7th May 2018, a risk workshop was held with the Senior Leadership Team to undertake a robust review of the IJB risk register to ensure that all key risks were identified and contemporary.

- 4.0.2 At the June meeting of the IJB, we reviewed the changes that had taken place on the register.

- 4.0.3 In line with the updated protocol, recurring risks such as financial pressures are being set up on an annual basis. Due to this, a number of risks have commenced as high or very high and will be reviewed regularly until there is confidence that they have been mitigated.

4.1 New, closed or emerging risks and current risk profile

- 4.1.1 There have been no new or closed risks during this reporting period.

4.1.4 The current risk profile and scoring template are set out below:

| Likelihood | Impact | | | | |
|--------------------|---------------|-------------|-------------|-----------------|-----------------|
| | 1 -Negligible | 2 -Minor | 3 -Moderate | 4 -Major | 5 -Extreme |
| 5 - Almost certain | 5 Medium | 10 High | 15 High | 20 Very high | 25 Very high |
| 4 - Likely | 4 Low | 8 Medium | 12 High | 16 Very high | 20 Very high |
| 3 - Possible | 3 Low | 6 Medium | 9 Medium | 12 High | 15 High |
| 2 - Unlikely | 2 Low | 4 Low | 6 Medium | 8 Medium | 10 High |
| 1 - Rare | 1 Low | 2 Low | 3 Low | 4 Medium | 5 Medium |

| Risk Score | Number of Risks |
|-----------------|-----------------|
| Low (1-3) | 1 |
| Moderate (4-9) | 7 |
| High (10-15) | 3 |
| Very High (16+) | 3 |

4.2 Very High Graded Risks

4.2.1 Following meetings to jointly review risks across the range of registers in place within health (e.g. corporate, acute, North and South), three risks have been identified as very high, ensuring consistency of reporting with South and the Corporate register.

| HSCNL ID | Description of Risk | Risk Owner | Risk level (current) | Risk level (Tolerance) | Key actions | Assurance Source |
|----------|--------------------------|---------------|----------------------|------------------------|---|-------------------|
| IJB9 | Availability of GPs | Janice Hewitt | 4VHIGH | 2MED | <ol style="list-style-type: none"> GP clusters Sustainability Assessment Framework Engagement with LMC Contingency planning within Primary Care administration dept Primary Care Strategy Board and Primary Care Transformation Board GP recruitment and retention fund Implementation of GMS contract '18 | SLT, IJB |
| IJB11 | Prescribing costs | Janice Hewitt | 4VHIGH | 2MED | <ol style="list-style-type: none"> PQEP Programme Review of Prescribing Management Board functions and membership Deputy Lead Pharmacist joining H&SCP Senior Leadership Team Locality Prescribing Action Groups Continuation of Scriptswitch Locality Pharmacist input Increase in earmarked reserves | SLT, IJB Sub, IJB |
| IJB12 | In-year budget pressures | Janice Hewitt | 4VHIGH | 2MED | <ol style="list-style-type: none"> IJB Sub Committee HSCP Budget monitoring meetings Budget monitoring and oversight PQEP Programme | SLT, IJB Sub, IJB |

| HSCNL ID | Description of Risk | Risk Owner | Risk level (current) | Risk level (Tolerance) | Key actions | Assurance Source |
|----------|---------------------|------------|----------------------|------------------------|--|------------------|
| | | | | | 5. Capacity plans to maximise efficiency 6. Balanced budget for 2018/19 agreed 7. Longer term financial projections in development 8. SWEG, ARG groups and Home Support monitoring in place | |

4.2.3 These risks will be reviewed at least monthly, with mitigating actions being coordinated via the Primary Care Strategy Board and Primary Care Transformation Fund Board, Prescribing Quality & Efficiency Plan and Health and Social Care North Lanarkshire Resource Planning Group.

4.3 High Graded Risks and Risks Exceeding Tolerance

4.3.1 From the 14 risks identified, three have an assessed level of risk as high, and a further four have an assessed level of risk higher than the tolerance set. Members are asked to focus on the key actions identified to ensure mitigation to tolerance level.

| HSCNL ID | Description of Risk | Risk Owner | Risk level (current) | Risk level (Tolerance) | Key actions | Assurance Source |
|----------|---|---------------|----------------------|------------------------|--|-------------------|
| IJB2 | Future budget settlements | Janice Hewitt | 3HIGH | 2MED | 1. IJB Sub Committee 2. HSCP Budget monitoring meetings 3. Budget monitoring and oversight 4. Prescribing Action Plans 5. Capacity plans to maximise efficiency 6. Regular budget meetings with Chief Executives and Directors of Finance 7. Longer-term financial projections in development | SLT, IJB Sub, IJB |
| IJB10 | Sustainability of Carer Support Services in 2017/18 | Janice Hewitt | 3HIGH | 1LOW | 1. NL Carers Strategy Implementation Group 2. Working Group for roll out of Carers Act formed 3. NL reps on key national working groups for Carers Act 4. Carer representation on key strategic groups 5. Funding secured to extend contracts for Lanarkshire Carers Centre and NL Carers Together until Nov 18 6. Commissioning process for carer support underway 7. Staff training on Act and new processes 8. Discussions ongoing around GP LES for Carer support 9. Pan Lanarkshire review of support | SLT, IJB |

| HSCNL ID | Description of Risk | Risk Owner | Risk level (current) | Risk level (Tolerance) | Key actions | Assurance Source |
|----------|--|---------------|----------------------|------------------------|---|-------------------|
| | | | | | for carers commenced 10. Reviewing wider supports available for carers with VANL and senior officers | |
| IJB13 | External factors impacting on deliverability of Strategic Plan | Janice Hewitt | 3HIGH | 1LOW | 1. Joint Strategic Needs Assessment 2. Locality Profiles 3. Strategic Planning Group 4. Communication and engagement strategy 6. P4C User and Carer Forum 7. User/carer representation on partnership boards 8. Use of PPF and Community Forums 9. Locality engagement events 10. Commissioning Plan Programme Board and workstreams 11. Involvement in Community Planning Partnership | SLT, IJB Sub, IJB |
| IJB14 | Internal factors impacting on deliverability of 18/19 Intentions | Janice Hewitt | 2MED | 1LOW | 1. Strategic Commissioning Plan Programme Board 2. Full implementation plans agreed 3. Implementation structure in place 4. Agreement to fund additional project management/implementation posts in 18/19 and 19/20 5. Regular oversight at IJB Sub-Committee | SLT, IJB Sub, IJB |
| IJB15 | Operational oversight | Janice Hewitt | 2MED | 1LOW | 1. IJB Sub-Committee 2. H&SCP Performance Framework 3. Support, Care and Clinical Governance reporting 4. Quarterly performance reviews 5. Review of performance reporting in line with ISRB structures | SLT, IJB Sub, IJB |
| IJB16 | Third Sector sustainability | Janice Hewitt | 2MED | 1LOW | 1. IJB Sub-Committee 2. H&SCP Performance Framework 3. Support, Care and Clinical Governance reporting 4. Quarterly performance reviews 5. Review of performance reporting in line with ISRB structures | SLT, IJB Sub, IJB |
| IJB17 | GDPR | Janice Hewitt | 2MED | 1LOW | 1. IT solutions 2. Encryption of all laptops and remote access 3. Staff training 4. Information Sharing Agreements 5. Reporting mechanism in place for any breaches | SLT, IJB Sub, IJB |

| HSCNL ID | Description of Risk | Risk Owner | Risk level (current) | Risk level (Tolerance) | Key actions | Assurance Source |
|----------|---------------------|------------|----------------------|------------------------|--|------------------|
| | | | | | 6. Monitoring of policy compliance and breaches via Support, Care and Clinical Governance Committee and Senior Leadership Team 7. NLC Data Protection Officer identified as DPO for the IJB 8. IJB participation in NRS records keeper sessions 9. Operational Policies | |

4.3.2 Risks within this category are reviewed at least every 2-3 months.

5. CONCLUSIONS

5.1 The IJB Risk Register continues to be reviewed in line with the risk processes of the partner organisations.

5.2 Within health, there has been a significant review of the level three operational register, moving to one joint risk register for all six Localities.

5.3 Work is ongoing to finalise the social work operational risk register and following meetings with the corporate leads, a similar structure to that of the health noted in 5.2 has been agreed. .

5.4 A collaborative exercise has commenced with H&SCNL, NHS Lanarkshire and the South Lanarkshire IJB with the aim of finalising:

- An agreed process for identifying, assessing and mitigating risks that affect more than 1 partner, including visibility on the respective risk registers
- A considered and agreed approach that will provide the necessary assurance on the risk management systems and processes across the NHSL Audit Committee, North and South IJB Sub-Committees
- Reviewed and updated NHSL, North & South IJB Risk Management Strategies that reflects agreed improvements for approval by the respective Boards.

6. IMPLICATIONS

6.1 NATIONAL OUTCOMES

The risk management strategy will assist the identification, recording and mitigation of risks, thereby supporting the achievement of organisational outcomes by prioritising and managing risks which may threaten them.

6.2 ASSOCIATED MEASURE(S)

No further measures.

6.3 FINANCIAL

The risk management strategy will support the identification, prioritisation and management of risks which may threaten financial balance and governance.

6.4 PEOPLE

The risk management strategy will support the identification, prioritisation and management of risks which may threaten the safety of staff and patients/service users.

6.5 INEQUALITIES

The risk management strategy will support the identification, prioritisation and management of risks which may impact on inequality.

7. BACKGROUND PAPERS

Nil

8. APPENDICES

Appendix 1: IJB Risk Register



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ross McGuffie on telephone number 01698 858 119.

ITEM 16 - RISK UPDATE APPENDIX 1

| IJB ID | Category | Opened Date | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Register Lead | Assurance Source | Review Date | Closed Date |
|--------|------------------------|-------------|--|----------------------|--|----------------------|---------------------|------------|--------------------|---|-------------|-------------|
| IJB2 | Financial Strategic | 02/11/2016 | There is a risk that the IJB will be unable to enact the Strategic Commissioning intentions because of budget reductions or late Scottish Government financial settlement, leading to a failure to achieve the desired strategic aims and an impact on service delivery. | 4VHIGH | <ol style="list-style-type: none"> 1. IJB Sub Committee 2. HSCP Budget monitoring meetings 3. Budget monitoring and oversight 4. Prescribing Action Plans 5. Capacity plans to maximise efficiency 6. Regular budget meetings with Chief Executives and Directors of Finance 7. Longer-term financial projections in development | 3HIGH | 2MED | CAO | CAO | SLT, IJB Sub, IJB | 31.10.18 | |
| IJB4 | Financial Operational | 02/11/2016 | There is a risk that NHSL or NLC are unable or unwilling to implement the directions for service delivery from the IJB because of a range of pressures such as workforce or finance, leading to a failure to achieve the desired strategic aims. | 3HIGH | <ol style="list-style-type: none"> 1. IJB Sub Committee 2. HSCP Budget monitoring meetings 3. Budget monitoring and oversight 4. Support, Care and Clinical Governance committee 5. Workforce Plan 6. Consultation with partners on directions 7. Directions tracker and updates to both partners after each IJB Committee | 2MED | 2MED | CAO | CAO | SLT, IJB Sub, IJB | 31.12.18 | |
| IJB5 | Strategic Reputational | 02/11/2016 | There is a risk that the Strategic Commissioning Plan is unable to meet its desired aims because of an inability to enact genuine culture change in the North Lanarkshire population, leading to continued reliance on unscheduled services and continued service pressures. | 3HIGH | <ol style="list-style-type: none"> 1. Communication and Engagement Strategy 2. Strategic Planning Group used to gain wide engagement on messages 3. User and Carer Forum 4. Partnership Boards - user and carers represented 5. Use of PPF and Community Forums | 2MED | 2MED | CAO | CAO | SLT, IJB Sub, IJB | 31.12.18 | |
| IJB6 | Financial Reputational | 02/11/2016 | There is a risk that the IJB is unable to prevent and detect fraud and corruption within services because of inadequate governance and systems, leading to financial and reputational damage. | 2MED | <ol style="list-style-type: none"> 1. Fraud awareness e-learning 2. National Fraud initiative 3. Locality/SW Enablement Groups 4. Segregation of duties in relation to authorising and processing direct payments 5. Raise fraud awareness through team briefings 6. Whistle blowing policies 7. Procurement and Standing Financial Instructions presentations at Extended SLT 8. Procurement processes and standing orders 9. Oversight via NLC Audit and Scrutiny Panel and NHSL Audit Committee | 1LOW | 1LOW | CAO | CAO | SLT, IJB sub, IJB | 01.12.18 | |
| IJB7 | Financial Operational | 02/11/2016 | There is a risk that the Strategic Commissioning Plan will be unable to fully mitigate rising demand because of demographic change, leading to an impact on the quality and accessibility of health and care services and a failure to achieve the desired strategic aims. | 3HIGH | <ol style="list-style-type: none"> 1. Joint Strategic Needs Assessment 2. Performance, Scrutiny and Assurance Sub-Committee 3. Strategic Planning Group 4. Locality engagement sessions 5. Partnership Boards 6. Implementation of ISRB report 7. Move towards preventative and anticipatory approaches (IPAC) | 2MED | 2MED | CAO | CAO | SLT, Finance and audit sub, PS&A Sub, IJB | 31.12.18 | |
| IJB9 | Strategic | 18/11/2016 | There is a risk that the Strategic Commissioning Plan is unable to be enacted because of a lack of availability of GPs leading to a lack of continuity in medical provision within communities and a significant impact on the developments around Locality Modelling. | 4VHIGH | <ol style="list-style-type: none"> 1. GP clusters to support more collaborative ways of working 2. Implementing a Sustainability Assessment Framework 3. Engagement with LMC 4. Contingency planning within Primary Care administration dept 5. Primary Care Strategy Board and Primary Care Transformation Board to identify new ways of working including extended roles of other clinicians (e.g. Pharmacists, Nurses) 6. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years 7. Implementation of GMS contract 2018 | 4VHIGH | 2MED | CAO | CAO | SLT, IJB | 30.09.18 | |

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|--------|----------------------------------|-------------|---|----------------------|--|----------------------|---------------------|------------|--------------------|-------------------|-------------|-------------|
| IJB10 | Financial Strategic Reputational | 24.01.17 | There is a risk that the Carers (Scotland) Act is unable to be implemented in full because of pressures on funding, increasing demand, operational capacity and instability of local carer support organisations, leading to insufficient support for carers in North Lanarkshire and an impact on the balance of care. | 3HIGH | <ol style="list-style-type: none"> 1. Planning within NL Carers Strategy Implementation Group 2. Working Group for roll out of Carers Act formed 3. NL reps on key national working groups for Carers Act 4. Carer representation on key strategic groups 5. Funding secured to extend contracts for Lanarkshire Carers Centre and NL Carers Together until Nov 18 6. Commissioning process for carer support underway 7. Staff training on Act and new processes 8. Discussions ongoing around GP LES for Carer support 9. Pan Lanarkshire review of support for carers commenced 10. Reviewing wider supports available for carers with VANL and senior officers | 3HIGH | 1LOW | CAO | CAO | SLT, IJB | 31.10.18 | |
| IJB11 | Financial Operational | 24.04.18 | There is a risk that the Strategic Commissioning Plan is unable to be enacted in full because of escalating prescribing costs leading to a lack of available finance to implement the desired model and an impact on service quality. | 3HIGH | <ol style="list-style-type: none"> 1. PQEP Programme 2. Review of Prescribing Management Board functions and membership 3. Deputy Lead Pharmacist joining H&SCP Senior Leadership Team 4. Locality Prescribing Action Groups 5. Continuation of Scriptswitch 6. Locality Pharmacist input 7. Increase in earmarked reserves | 4VHIGH | 2MED | CAO | CAO | SLT, IJB | 30.09.18 | |
| IJB 12 | Financial Strategic Reputational | 07.05.18 | There is a risk that health and social care services will not be delivered by NHSL or NLC in line with the strategic commissioning plan because of in year budget pressures, leading to an impact on the quality of services and overall deliverability of the plan. | 4VHIGH | <ol style="list-style-type: none"> 1. IJB Sub Committee 2. HSCP Budget monitoring meetings 3. Budget monitoring and oversight 4. PQEP Programme 5. Capacity plans to maximise efficiency 6. Balanced budget for 2018/19 has been agreed 7. Longer term financial projections in development 8. SWEG, ARG groups and Home Support monitoring in place | 4VHIGH | 2MED | CAO | CAO | SLT, IJB Sub, IJB | 30.09.18 | |
| IJB13 | Strategic | 07.05.18 | There is a risk that the aims of the partnership's ten-year Strategic Plan are unable to be met because of a range of factors such as the impact of welfare reform, rejection by the North Lanarkshire public or failing to take into account true needs, leading to a failure to achieve the desired strategic aims. | 3HIGH | <ol style="list-style-type: none"> 1. Joint Strategic Needs Assessment 2. Locality Profiles 3. Strategic Planning Group fully engaged in development of plan 4. Communication and engagement strategy 6. P4C User and Carer Forum 7. User/carers representation on partnership boards 8. Use of PPF and Community Forums 9. Locality engagement events to ensure frontline staff and users/carers involved 10. Commissioning Plan Programme Board and workstreams 11. Involvement in Community Planning Partnership | 3HIGH | 1LOW | CAO | CAO | SLT, IJB Sub, IJB | 31.10.18 | |
| IJB14 | Strategic Operational | 07.05.18 | There is a risk that the partnership is unable to implement the commissioning intentions agreed for delivery in 2018/19 because of competing operational and professional pressures, leading to a failure to achieve the desired strategic aims. | 2MED | <ol style="list-style-type: none"> 1. Strategic Commissioning Plan Programme Board 2. Full implementation plans agreed 3. Implementation structure in place 4. Agreement to fund additional project management/implementation posts in 18/19 and 19/20 5. Regular oversight at IJB Sub-Committee | 2MED | 1LOW | CAO | CAO | SLT, IJB Sub, IJB | 31.12.18 | |
| IJB15 | Strategic | 07.05.18 | There is a risk that the IJB is unable to provide adequate operational oversight because of insufficient operational and performance reporting, leading to a failure to mitigate operational performance deficits through the planning process. | 2MED | <ol style="list-style-type: none"> 1. IJB Sub-Committee 2. H&SCP Performance Framework 3. Support, Care and Clinical Governance reporting 4. Quarterly performance reviews 5. Review of performance reporting in line with ISRB structures | 2MED | 1LOW | CAO | CAO | SLT, IJB Sub, IJB | 31.12.18 | |
| IJB 16 | Strategic Operational | 07.05.18 | There is a risk that Third Sector organisations in North Lanarkshire are vulnerable because of reductions in external funding available, leading to a reduction in available supports in North Lanarkshire communities and an increasing reliance on statutory services. | 2MED | <ol style="list-style-type: none"> 1. Third Sector Interface represented on key strategic groups 2. H&SCP funding of third sector 3. Community Capacity Building and Carer Support infrastructure embedded in NL 4. Review of community capacity building | 2MED | 1LOW | CAO | CAO | SLT, IJB Sub, IJB | 31.12.18 | |

| IJB ID | Category | Opened Date | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Register Lead | Assurance Source | Review Date | Closed Date |
|--------|--------------------------|-------------|--|----------------------|--|----------------------|---------------------|------------|--------------------|-------------------|-------------|-------------|
| IJB17 | Reputational Operational | 07.05.18 | There is a risk of non-compliance with the General Data Protection Regulations (GDPR) because of system failure or human error, leading to adverse media impact, loss of public confidence and the potential for punitive fines. | 2MED | <ol style="list-style-type: none"> 1. IT solutions introduced where possible (e.g. Firewalls, withdrawal of portable memory sticks etc) 2. Encryption of all laptops and remote access 3. Staff training on information governance 4. Information Sharing Agreement in place and update to reflect GDPR 5. Reporting mechanism in place for any breaches 6. Monitoring of policy compliance and breaches via Support, Care and Clinical Governance Committee and Senior Leadership Team 7. NLC Data Protection Officer identified as DPO for the IJB 8. IJB participation in NRS records keeper sessions - new records management policy to be in place by September 2018 9. Operational Policies around walk rounds, closure of buildings, disposal of furniture and equipment etc | 2MED | 1LOW | CAO | CAO | SLT, IJB Sub, IJB | 31.12.18 | |