

REPORT

Item No: 9

SUBJECT:	Risk Management: IJB Risk Register
TO:	Integration Joint Board Committee
Lead Officer for Report:	Christine Jack Operational & Business Manager
Author(s) of Report	Christine Jack, Operational & Business Manager
DATE:	22 nd June 2022

1. PURPOSE OF REPORT

This paper is coming to the IJB;

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

The purpose of this report is to provide a summary to the Integration Joint board (IJB) on risk management activity, noting any amendments or additions to the current risk register.

2. ROUTE TO THE BOARD

This paper has been:

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

By: The Operational & Business Manager and Chief Officer for H& SC NL.

3. RECOMMENDATIONS

- 3.1 The IJB Committee is asked to note the contents of the report which includes the latest version of the IJB risk register and a note of those operational risks highlighted by the Heath & Social Care North Lanarkshire partnership that impact upon delivery of IJB business.

4. VARIATIONS TO DIRECTIONS?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
-----	--------------------------	----	-------------------------------------	-----	--------------------------

5. BACKGROUND/SUMMARY OF KEY ISSUES

- 5.1 From a good practice and sound governance perspective, all public bodies are required to identify and take account of the impact of any potential risks in delivering their business.

BACKGROUND/SUMMARY OF KEY ISSUES (CONT.)

5.2 The PF&A Committee has delegated oversight and responsibility for financial and performance risks associated with the remit of the Integration Joint Board and the PF&A committee considered the finance and performance risks at its last meeting on 16th February 2022. No changes to the risk rating were recommended at that meeting however the actions associated with each risk have been updated.

5.3 There are currently three risks rated as Very High on the IJB risk register.

- IJB 08/21 – Financial Implications of Responding to Covid
- IJB 09/21 – Impact on the Strategic Plan due to Covid
- IJB 14/22 – Children and Adolescent Mental Health Services (CAMHS) and ability to recruit to service vacancies following investment in funding.

These risks were reviewed in March 2022 having regard to the overall financial position and the additional confirmed Covid funding. At that point, it was agreed that the risks should remain as Very High due to the non-recurring status of the additional funding, the uncertainty in respect of the ongoing Covid-19 pandemic and the ongoing discussions with each partner about the allocation of the available funding to cost pressures. The risks will be reviewed as part of the financial planning exercise for 2022/23 with the new IJB Chief Financial Officer.

5.4 There are four high rated risks on the IJB risk register.

- IJB 01/21 - Financial Challenges
- IJB 04/21 - Notional Set Aside Budget
- IJB 13/21 - Impact on discharge performance linked to care homes.
- IJB 12/21- Staff Health & wellbeing

5.5 One new risk has been added to the IJB Risk Register (IJB14.2022 – CAMHS service) following discussion at the last IJB meeting held in March 2022.

5.5 There are a number of high/very high rated operational risks recorded on NHSL and NLC risk systems that have been identified as having or potentially having an impact on IJB objectives and/or delivery of services. A new risk around sustaining whole system patient flow (ref 2129) was added recently by NHS Lanarkshire. Other relevant risks are highlighted below;

No/Ref	Risk	Risk Rating	Lead Organisation/Area
2115	CAMHS Service - There is a risk that the CAMHS service cannot meet the increasing clinical demands due to a significantly high number of cumulative staff vacancies for both clinical and	Very High	NHSL Corporate

	non-clinical posts and challenges recruiting to new posts identified through the national recovery and renewal fund. This is impacting on community, in-patient and out-patient care with the potential to adversely affect response time to referrals; longer waiting times; poorer outcomes; delays in redesign and reputation of NHSL		
1710	Public Protection: There is a risk that NHSL could fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity lost due to the current reprioritising of services in response to COVID-19.	High	NHSL Corporate
2039	Staff Fatigue, Resilience, Wellbeing & Safety – Effects of prolonged Covid response is adversely impacting on staff, increasing staff absence and consequently reducing workforce capacity.	Very High	NHSL Corporate
2126	Sustaining Out of Hours Primary Care Service	Very High	NHSL Corporate
2086	Sustaining GP Services	Very High	NHSL Corporate
2129	Sustaining Whole System Patient Flow	Very High	NHSL – Corporate
NLC RIA0000446	Unable to deliver services due to funding issues	Very High	NLC - Social Care/Social Work
NLC RIA0000448	Availability of workforce to deliver services within legislative and regulatory compliance requirements.	High	NLC – Social Care/Social Work
NLC RIA0000449	Information & Data Protection – non-compliance with information governance legislation, standards and processes and data security and inability to retrieve relevant data with deadlines	High	NLC – Social Care/Social Work
NLC RIA0000450	Health & Safety of staff in SW & partnership companies – failure to ensure the health safety and welfare at work of the service, employees, partners and provider agencies	High	NLC – Social Care/Social Work
NLC RIA0000453	Supplier failure or services not provided to required standard. Insufficient number of providers.	High	NLC – Social Care/Social Work
NLC	Inadequate supervision,	High	NLC – Social

RIA0000457	governance and monitoring across professional workforce		Work/Social care
NLC RIA0000458	IT system not fit for purpose	High	NLC – Social Work/Social care
NLC RIA0000459	Integration – there is a risk that services are not integrated effectively thus impacting on improving the outcomes for individuals receiving care and support	High	NLC – Social Work/Social care
NLC RIA0000460	Performance & planning – increasing expectations and changing performance demands will result in a failure to provide performance information internal, external and including S Govt,	High	NLC – Social Work/Social care
NLC RIS0000414	Community alarm and assistive technology – unable to continue to support people with a community alarm system and develop use of assistive technology	Very High	NLC – Social Work/Social care
NLC RIS0000415	Mental Health Officers – Failure to comply with legal obligations	High	NLC – Social Work/Social care
NLC RIS0000417	Communications strategies and engagement plans – Inadequate strategies not aligned with strategic objectives	High	NLC – Social Work/Social care
NLC RIS000419	Non- compliance with Information Governance & Data Protection	High	NLC – Social Work/Social care
NLC RIS000426	Analogue to digital transition & ability to provide a working community alarm service	High	NLC – Social Work/Social care

6. CONCLUSIONS

- 6.1 The IJB currently has 14 risks identified on its IJB risk register with 7 risks rated as high or very high.
- 6.2 Risks identified by H&SC NL as potentially impacting on IJB business are highlighted in the report.

7. IMPLICATIONS

7.1 NATIONAL OUTCOMES

N/A

7.2 ASSOCIATED MEASURE(S)

N/A

7.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------	-----	--------------------------

Financial risks are identified in the risk register.

7.4 RISK ASSESSMENT/RISK MANAGEMENT

This report sets out the IJB risk register and risk assurance process for the IJB

7.5 PEOPLE

N/A

7.6 STAKEHOLDER ENGAGEMENT

Stakeholders are represented at the IJB and the IJB PFA Committee and fully contribute to approval and amendments to the IJB risk register.

7.6 INEQUALITIES & FAIRER SCOTLAND DUTY

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
-----	--------------------------	----	--------------------------	-----	-------------------------------------

8. BACKGROUND PAPER

None

9. APPENDICES

IJB Risk Register

Appendix 1



CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Christine Jack on telephone number 01698 752590.

North Lanarkshire Integrated Joint Board Risk Register (Accurate as 30/04/22)

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	Risk Closed - Changes By MM
IJB.01/21	Financial Strategic	01/04/2021	<p>Financial Challenges</p> <p>There are a range of financial challenges which will impact on the IJB's ability to deliver the Strategic Commissioning Plan intentions within the financial envelope available. These include:</p> <ol style="list-style-type: none"> The absence of a unique IJB financial settlement from the Scottish Government. The IJB is dependent on funding from both partners. Late Scottish Government financial settlement. Budget reductions due to insufficient Scottish Government financial settlements and/or partner contributions. New Scottish Government policy commitments e.g. Carers (Scotland) Act 2016. Demographic growth. Competing service priorities. Conflicting partner efficiency savings programmes which adversely impact on the HSCP's ability to deliver services. In-year cost pressures emerging due to the underachievement of planned savings, pandemics and other emerging risks which may lead to an overspend. Each partner may be unable to maintain their financial contributions to the IJB in future years which would impact on frontline health and social care services. The agreed transformational plans and service redesigns are not implemented in full and in line with the original implementation plan and/or do not secure the intended improvement outcomes in both performance standards and financial efficiency targets. Future savings targets will continue to be challenging and are likely to impact on essential core services. The IJB Financial Plan cannot be adhered to and budget recovery plans fail to achieve financial balance for both partners. The impact of the pandemic on the financial sustainability of external providers in particular social care providers. The financial implications of the impact of the pandemic on the workforce e.g. increase in sickness absence, early retirement requests and recruitment challenges. Additional Scottish Government funding to address Covid-19 costs and to progress the Remobilisation and Recovery Plan in 2021/2022 is not sufficient. <p>The above factors would lead to a failure to achieve the desired strategic aims and would also impact on service delivery.</p>	HIGH	<p>CONTROLS</p> <ol style="list-style-type: none"> IJB PFA Committee. IJB Chief Officer is a member of each partner's key decision-making forums. Effective joint working between Chief Financial Officer and both Council and NHS Finance Departments. Regular budget meetings with Chief Executives and Directors of Finance. Regular HSCP budget monitoring meetings across Senior Leadership Team. The IJB Financial Plan 2021/2022 has been agreed and is being reviewed regularly. The IJB Financial plan 2022/23 is being developed. Capacity plans in place to maximise efficiency. IJB Integration Scheme setting out the budget recovery processes. IJB Financial Regulations and financial procedures. Consultation and involvement with key stakeholders including service users and carers. Prescribing Quality and Efficiency Programme, SWEG, ARG and Home Support monitoring groups are in place. Joint Strategic Needs Assessment and ongoing move towards preventative and anticipatory approaches. Strategic Planning Group, Locality engagement sessions and Partnership Boards. Effective and ongoing service user engagement, staff consultation and Trade Union liaison at strategic and local levels. Financial sustainability payment arrangements in place to 30 June 2022 to support external social care providers. A Change Fund of £6.076m has been agreed with the Scottish Government. The Scottish Government announced on 5 October 2021 an additional £300m for winter health and social care pressures. The Scottish Government announced on 9 December 2021 the indicative Scottish Budget 2022/2023. Work is ongoing to confirm recurring and non-recurring funding allocations. Lanarkshire Mobilisation Plan 2021/2022 Funding has been confirmed which meets the additional costs of the Covid-19 pandemic, including the underachievement of savings. The cost of the recovery and remobilisation of health and social care services in 2022/2023 continues to be monitored. <p>ACTIONS</p> <ol style="list-style-type: none"> Annual budget setting processes within each of the partners. The development of the IJB Reserves Strategy 2022/2023 is being progressed. The review and update of the IJB Medium to Long Term Financial Plan is ongoing. The Business Case to take forward the remobilisation and recovery of services and also transformational changes is being developed. The Lanarkshire Mobilisation Plan 2021/2022 costs for quarter 3 were submitted to the Scottish Government on 31 January 2022. Confirmation was received on 25 February 2022 of the additional funding for 2021/2022 to address the costs incurred in 2021/2022 in respect of the Covid-19 pandemic and also the remobilisation and recovery of services. On conclusion of the financial year 2021/2022, any uncommitted funding will be ring-fenced as an IJB reserve to meet Covid costs in 2022/2023. The financial implications of this are being monitored. Ongoing consultation with the Scottish Government in respect of the IJB Reserves Strategy 2022/2023 and the anticipated additional costs in 2022/2023 will be progressed by the IJB Chief Financial Officer. The implementation of the approved Business Case to invest the Change Fund and the 2022/2023 recurring Scottish Government funding to maximum effect over the following 2 to 3 year period. 	HIGH	MEDIUM	Marie Moy	Marie Moy	SLT, IJB PFA, IJB	30.06.22		Previously IJB2, IJB7, IJB10 and IJB12.
IJB02.21	Financial Reputational	01/04/2021	<p>Ineffective Governance Arrangements</p> <p>There is a risk that the IJB is unable to prevent and detect fraud and corruption within services because of inadequate governance arrangements and inadequate internal control systems which could lead to financial and reputational damage.</p>	LOW	<p>CONTROLS</p> <ol style="list-style-type: none"> Fraud awareness e-learning. National Fraud Initiative. Locality/SW Enablement Groups. Segregation of duties in relation to authorising and processing direct payments. Whistle blowing policies. Procurement processes and standing orders. Oversight via NLC Audit and Scrutiny Panel and NHSL Audit Committee. Effective governance arrangements are in place and subject to internal and external audit review. IJB and IJB PFA meetings established ensuring effective oversight of financial performance. <p>ACTIONS</p> <ol style="list-style-type: none"> Continue to raise fraud awareness through team briefings. Planned Procurement and Standing Financial Instructions presentations at Extended SLT by 31 March 2022. 	LOW	LOW	Ross McGuire	Marie Moy	SLT, IJB PFA, IJB	30.06.22		Previously IJB6. Reviewed and updated on 15 May 21.

North Lanarkshire Integrated Joint Board Risk Register (Accurate as 30/04/22)

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	Risk Closed - Changes By MM
IJB03.21	Financial Strategic	01/04/2021	<p>Impact of European Union Withdrawal</p> <p>There is a risk that the IJB is unable to implement the Strategic Plan because of the operational and financial challenges posed by European Union (EU) withdrawal leading to a failure to achieve the desired strategic aims and an adverse impact on both operational service delivery and the achievement of financial balance. The impact on health and social care services of leaving the EU continues to be difficult to forecast. The following significant risks continue to be monitored at a national level.</p> <p>(1) The UK's membership of the common regulatory bodies and EU agencies, such as the European Medicines Agency, (EMA), European Centre for Disease Prevention and Control and the European Atomic Energy Community. The risk is that this could impact on the availability of medicines, healthcare techniques and technology.</p> <p>(2) In respect of the supply of medicines and medical devices, additional checks are now required at ports in the UK and the EEA before goods, including medical products, can cross the border. New customs checks are required when moving medicines between the EEA and the UK.</p> <p>(3) There is no longer the free movement of labour between the UK and EEA countries. All workers arriving from the EEA and non-EEA countries are subject to the same immigration rules. The new points-based immigration system makes exceptions for the majority of health care professionals with an NHS job offer and for qualified social workers via a new fast-track visa route, known as the Health and Care Worker Visa. There are however no exceptions made for other social care roles, such as care workers.</p> <p>(4) The Mutual Recognition of Professional Qualifications Directive is an EU-wide directive that allows professional regulators in all member states to automatically recognise professional qualifications. The UK government has decided to continue recognising qualifications gained in the EEA for at least two years after the transition period ends. This however is not a reciprocal and there is no guarantee that qualifications gained in the UK will be accepted by professional regulators in EEA nations.</p> <p>(5) There continues to be a risk of disruption to the supply chains, part of the risk in respect of which was minimised with mitigating actions such as stockpiling.</p> <p>(6) The future of Scottish patients' healthcare in other European countries and the impact of reciprocal healthcare and the free movement of healthcare including the impact of the changes to the European Health Insurance Card (EHIC).</p>	Medium	<p>CONTROLS</p> <ol style="list-style-type: none"> 1. Silver command' group formed for HSCP. 2. On 24 December 2020 a new EU-UK trade and co-operation deal was agreed. 3. In respect of the regulation of medicines and medical devices, the Medicines and Healthcare products Regulatory Agency (MHRA) became the UK's sovereign regulator. 4. The new trade deal contains specific clauses that mean both the UK and EEA states formally recognise each other's good practice in medicine manufacturing. 5. To reduce the risk of divergence from the EU rules, there are three interrelated factors; the technical annexes of the new trade deal, the Northern Ireland protocol and the UK Internal Market Act. 6. All successful Health and Care Worker Visa applicants are exempt from the Immigration Health Surcharge, a one-off charge levied against arriving migrant workers as part of the visa application process. The system has been designed to make international recruitment into health and social care roles more straightforward for employers and employees alike. These changes to immigration rules are in law as part of the Immigration and Social Security Co-ordination (EU Withdrawal) Act 2020. As such, from 1 January 2021, they apply to all workers arriving to work in the NHS or adult social care. All workers from EEA nations who are already resident in the UK had until 30 June 2021 to apply for the EU Settlement Scheme which will guarantee their right to work in the UK indefinitely. 7. In respect of the mutual recognition of professional qualifications, professional regulatory bodies are working with the UK government to review future registration requirements for those with qualifications gained in the EEA and decide what they will be from January 2023. 8. The effectiveness of the Border Operating Model to import and export goods to and from the EEA, which was being implemented in 3 stages from 2020 to minimise any risk of disruption, is still being assessed. The risk of border delays is still evident. Other measures were also implemented specifically to mitigate the risk of supplies of medicines and medical devices being disrupted. In August 2020 the UK government instructed medicine suppliers to maintain a stockpile equivalent to six weeks' supply though the first three months of 2021. In addition, the Department of Transport has secured additional freight capacity to bring medicines into the country via other routes. 9. Reciprocal health care is subject to the Withdrawal Agreement, the collection of guidance outlining the rules in each state, the completion of relevant visa applications and the payment of the Immigration Health Surcharge in order to access NHS services (where applicable). The rights of access for EU citizens who need work or study in the UK for less than six months was still being decided. Global Health Insurance Cards have been implemented to cover both urgent and routine medical treatment. 10. In respect of reciprocal health care, the rights of access to health care for UK citizens who move to the EEA after the transition period is being decided independently by each member state and will differ substantially between them. <p>ACTIONS</p> <ol style="list-style-type: none"> 1. HSCP fully participates in the NLC and NHSL resilience arrangements. 2. HSCP workshops undertaken. 3. Business Continuity Plans revisited and updated for all services and sites. 	Medium	LOW	Ross McGuffie	Marie Moy	SLT, IJB PFA, IJB	30/06/22		Previously IJB20.
IJB04.21	Financial Strategic	01/04/2021	<p>Notional Set-Aside Budget</p> <p>There is a risk that resources will not be transferred from Acute Services to the HSCP in line with the shift in the balance of care from residential and acute settings to community based alternatives as expected in terms of the notional set-aside concept. This includes the ongoing development of locality pathways to support maintaining people at home e.g. transitional care models.</p>	VERY HIGH	<p>CONTROLS</p> <ol style="list-style-type: none"> 1. There is complete transparency and ongoing dialogue between the IJB and the Health Board on the challenges associated with the implementation of the notional set-aside concept. 2. Bed modelling and capacity planning arrangements are in place. 3. Effective working relationships between both partners and the IJB have been established. 4. Since the inception of the IJB, an agreement is in place whereby the NHSL Health Board will manage the overspend or underspend across the notional set-aside budget. This arrangement continues to be in place for 2021/2022. <p>ACTIONS</p> <ol style="list-style-type: none"> 1. The Chief Officer and the Chief Financial Officer continue to raise this concern at a national level. 	HIGH	MEDIUM	Ross McGuffie	Marie Moy	SLT, IJB PFA, IJB	30/06/22		
IJB05.21	Financial Strategic	01/04/2021	<p>Hosted Services</p> <p>There is a risk of dispute between the North Lanarkshire IJB and the South Lanarkshire IJB in respect of the financial allocations underpinning the Hosted Services particularly as a result of the budget changes linked to the implementation of devolved locality models. This could impact on the ability of each IJB to achieve its commissioning intentions and may also have an adverse impact on service users across Lanarkshire.</p>	VERY HIGH	<p>CONTROLS</p> <ol style="list-style-type: none"> 1. North and South IJBs aim to co-operate to ensure a pan-Lanarkshire approach is achieved across all hosted services. 2. Financial and budgetary controls. 3. Performance reports on service delivery. 4. The Hosted Services principles in respect of the management of the overspends and underspends are agreed for each financial year. <p>ACTIONS</p> <ol style="list-style-type: none"> 1. North and South IJBs will undertake a review the financial principles in respect of the hosted services to further develop the current arrangements in line with emerging good practice and guidance. 	MEDIUM	MEDIUM	Ross McGuffie	Marie Moy	SLT, IJB PFA, IJB	30/06/22		
IJB06.21	Financial Operational	01/04/2021	<p>Prescribing Activity and Costs</p> <p>Prescribing costs may escalate due to increases in prescribing activity and increasing price volatility, new drugs becoming available, the response to the Covid-19 pandemic and the impact of EU withdrawal.</p>	Medium	<p>CONTROLS</p> <ol style="list-style-type: none"> 1. Prescribing Quality and Efficiency Programme. 2. Prescribing Management Board functions and membership. 3. Deputy Lead Pharmacist supporting HSCP Senior Leadership Team. 4. Locality Pharmacist input. 5. Earmarked reserve established to address prescribing costs. <p>ACTIONS</p> <ol style="list-style-type: none"> 1. Locality Prescribing Action Groups. 2. Continuation of Scriptswitch. 	Medium	LOW	Ross McGuffie	Marie Moy	SLT, IJB PFA, IJB	30/06/22		Previously IJB11.

North Lanarkshire Integrated Joint Board Risk Register (Accurate as 30/04/22)

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	Risk Closed - Changes By MM
IJB07.21	Financial Strategic	01/04/2021	<p>Third and Voluntary Sector</p> <p>There is a risk that Third Sector organisations in North Lanarkshire are vulnerable because of the lack of certainty in respect of long-term funding security. This uncertainty has the potential to lead to service instability, recruitment and retention challenges and an increasing reliance on statutory services.</p>	HIGH	<p>CONTROLS</p> <ol style="list-style-type: none"> Third Sector Interface represented on key strategic groups. Community capacity building and carer support infrastructure embedded across North Lanarkshire. Community capacity building is regularly reviewed. Maximising funding opportunities for the third and voluntary sector will continue to be progressed. <p>ACTIONS</p> <ol style="list-style-type: none"> The annual HSCP funding which is directed to the third sector is recurring funding. Funding will be confirmed each year in line with the agreement of the IJB Financial Plan and subject to the Scottish Government financial settlements for future years. 	LOW	LOW	Ross McGuffie	Marie Moy	SLT, IJB PFA, IJB	30.06.22		Previously IJB16.
IJB08.21	Financial Strategic	01/04/2021	<p>Financial Implications of Responding to and Recovering from the Covid-19 Pandemic</p> <p>There are a range of IJB risks associated with the response to and recovery from the Covid-19 pandemic. Additional funding was received from the Scottish Government in 2020/2021 to meet the additional costs of the Covid-19 pandemic. Further funding for 2021/2022 has been confirmed by the Scottish Government to meet the additional costs of responding to and recovering from the Covid-19 pandemic.</p> <p>The IJB projected out turn 2021/2022 is not available to meet the 2021/2022 Covid-19 costs. The projected underspend requires to be retained to implement the Business Case and to recover and redesign health and social care services.</p> <p>Insufficient reimbursement of funding from the Scottish Government would impact on the implementation of the Response, Recovery and Redesign Plans in 2022/23. The 2022/2023 Savings Plans may also not be achieved in part or in full due to key resources continuing to be diverted to respond to the Covid-19 pandemic. This risk could lead to significant operational, financial, legal and/or reputational harm to the HSCP and also adversely impact on the Strategic Plan outcomes.</p>	VERY HIGH	<p>CONTROLS</p> <ol style="list-style-type: none"> Governance arrangements are in place in respect of the approval and monitoring of additional Covid-19 costs and the recovery and redesign plans. Delivery of savings will continue to be tracked and monitored. The financial position is being monitored on an ongoing basis by SLT, IJB PFA and IJB. The IJB Chief Officer and the Chief Financial Officer are actively engaging with the Scottish Government and other Networks and providing regular updates on the mobilisation and remobilisation plans and the associated costs. <p>ACTIONS</p> <ol style="list-style-type: none"> All costs associated with responding to the Covid-19 pandemic are being tracked and reported to the Scottish Government through the completion of the Remobilisation Plan Financial Returns. A financial tracker on Covid-19 related expenditure (as part of the Local Remobilisation Plan) is updated on a 4 weekly basis. Quarterly updates are submitted to the Scottish Government. The IJB Reserves Strategy 2021/2022 has been discussed with the Scottish Government Officers. The IJB Reserves Strategy 2021/2022 is being implemented. The IJB Reserves Strategy 2022/2023 is being developed. 	VERY HIGH	MEDIUM	Ross McGuffie	Marie Moy	SLT, IJB PFA, IJB	30.06.22		
IJB09.21	Financial Strategic	01/04/2021	<p>Impact on the Strategic Plan Due to the Covid-19 Pandemic</p> <ol style="list-style-type: none"> Social Care providers continue to be significantly impacted by the Covid-19 pandemic. There are risks associated with the ongoing financial stability of providers during the Covid-19 pandemic and some external providers may be unable to continue operating without ongoing financial and operational support. If providers are unable to safely staff services, there could be a risk of harm to service users and failure of the provider. Providers are operating under unique and significantly detrimental conditions including continuity of service being disrupted due to the requirement to focus on priority services only, increased infection control measures and associated costs, increased staff absence and associated costs, reduced availability of back-up staff and social distancing requirements. Premises may not be suitable to deliver services in these circumstances. Increased reporting requirements to provide data to regulatory bodies are stretching limited resources. Sufficient emergency/additional services to continue to respond to the Covid-19 pandemic may not be available. Hospital admissions may not be avoided and discharges from hospital may be delayed. General Medical Services may not be sustainable. There are whole system capacity constraints across primary care services impacting on Acute Services. Discharges from hospital may impact on care at home, residential care, nursing care and respite provision. There is an increase in demand for a range of health and social care services as a result of the Covid-19 pandemic. There is insufficient workforce capacity and there is a risk the Working Time Directive may be breached. There is insufficient equipment for key areas e.g. ventilators, pumps, etc. Personal Protective Equipment and supplies may be limited. The required service specification and standard may not be procured. There may be insufficient mobile IT devices. There may be constraints in respect of the supply of vaccinations. There are significant risks associated with the mutation of the Covid-19 virus and the new variants. There is an adverse impact on the progress of transformation service redesign opportunities including implementing agreed efficiency savings. Prioritising the impact of the response to the Covid-19 pandemic may divert limited resources away from key essential services which may lead to additional resource requirements and costs over the medium to longer term. There may be a lack of HSCP management capacity and resilience to co-ordinate the response to the pandemic. This may lead to an adverse impact on service delivery and financial overspends. The risk status across NHS Lanarkshire has been moved to 'Black', the highest risk level. 	VERY HIGH	<p>CONTROLS</p> <ol style="list-style-type: none"> Scottish Government and COSLA guidance is being complied with. NHS National Services Scotland are supporting primary care and social care services. PPE is available in line with Health Protection Scotland guidance. Chief Medical Officer guidance as adopted by the four nations has been published, put into effect and endorsed by the Scottish Government/COSLA. Updates are also adopted. Scottish Government are focusing on the care home sector to support continuity of service delivery. A national protocol to support discharge of Covid-19 patients is in place. Care home liaison nurses are in place. Remote working and flexible working arrangements are also in place. There is an increase in the number of agile workers and an increase in the number of laptops/tablets provided. A blended approach to home/work-based working is being developed going forward. Arrangements are in place across the partnership to review service user and carer prioritisation in terms of accessing service and support. Resources are targeted to those with critical or substantial needs. Arrangements are in place to support carers in their caring role, working in partnership with voluntary organisations to provide early intervention and preventative supports. Reliance is being placed on the Social Care Sustainability Payments by External Social Care Providers up to 30 June 2022. The HSCP continues to liaise and support providers to ensure there is early identification of problems and early intervention if necessary. The Response, Recovery and Redesign Remobilisation Plan has been developed and is regularly updated. Response, Recovery and Redesign Plans are in place across the IJB and both partners. Safe systems of working have been adopted. Regular cleaning regime is in place across all premises. All workplace appropriate social distance signage is in place. Risk registers are in place for the IJB and each partner. Each partner has a specific HSCP Covid-19 Risk Register in place. The Scottish Government is taking appropriate action to mitigate the impact of the variants of the Covid-19 virus as far as possible. <p>ACTIONS</p> <ol style="list-style-type: none"> Emergency Command and Control structures have been established by each partner. Infection Prevention Control and Social Distancing requirements are being complied with. Up-to-date information is disseminated to all staff across the HSCP as the situation develops and a consistent communication strategy is in place with employees across IJB, NHS and NLC websites IJB and partner business continuity plans are being regularly reviewed. The HSCP is actively engaging with the third and independent sector in relation to service opportunities to meet the low/moderate needs of service users/patients and their associated costs. Additional funding for 2021/2022 and 2022/2023 has been announced by the Scottish Government. Further Covid-19 funding was confirmed on 25 February 2022. The vaccination programme is continuing to be rolled out. Having regard to the assessment of risk across NHS Lanarkshire as 'Black', action is being taken to mitigate the impact of the Covid-19 pandemic over the winter period and COP26 in consultation with the Scottish Government. The position is being closely monitored. 	VERY HIGH	MEDIUM	Ross McGuffie	Marie Moy	SLT, IJB PFA, IJB	30.06.22		

North Lanarkshire Integrated Joint Board Risk Register (Accurate as 30/04/22)

IB 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	Risk Closed - Changes By MM
IB.10.21	Financial Strategic	01/04/2021	<p>Ineffective Governance Arrangements Due To the Covid-19 Pandemic</p> <p>1. There is a risk that the intensity of the required response to Covid-19 could result in a failure of governance impacting on the effectiveness of the IJB decision-making, IJB directions to partners and IJB oversight of operational service delivery. Routine governance processes could be overwhelmed.</p> <p>2. New or amended Covid-19 legislation and Scottish and UK Government guidance may not be adopted effectively and timeously.</p> <p>3. There is no / limited public access to IJB and PFA meetings during the period of the pandemic, in line with Public Health advice.</p> <p>4. Ineffective information governance controls could lead to data breaches and an impact on the General Data Protection Regulations.</p> <p>5. Communications with employees, patients and service users may be ineffective.</p> <p>6. There will require to be changes to the working environment including remote working and working from home.</p> <p>7. There is a reduced ability to protect the wellbeing of employees, patients and service users.</p> <p>8. There may be adverse media coverage locally, a loss of public confidence and reputational damage.</p>	MEDIUM	<p>CONTROLS</p> <p>1. National Networks are established which are providing the framework to support a national approach where appropriate.</p> <p>2. Public Health advice and support is in place.</p> <p>3. Increased numbers of agile workers and increased number of laptops/tablets.</p> <p>4. Continued working from home arrangements supported by the roll out of MS Teams / Zooms. Regular updates on the guidance for the use of MS Teams / Zoom Meetings is circulated. A blended approach to home/work-based working is being developed going forward.</p> <p>5. Risk registers are in place for the IJB and each partner. Each partner has a specific HSCP Covid-19 Risk Register in place.</p> <p>6. The IJB and both partners aim to comply with the European Working Time Directive (WTD) and minimise the risk of all staff working beyond 48 hours per week, in particular front-line service delivery. As a result of the withdrawal from the European Union, the WTD ceased to apply to the United Kingdom at the end of the transition period (31 December 2020). However, the UK's Working Time Regulations which implement the EU Working Time Directive will continue to apply unless and until amended by UK law.</p> <p>ACTIONS</p> <p>1. Staff health and well being is a key priority for both partners and all key stakeholders. The commitment to staff health and well being is being actively promoted through all available forums.</p>	MEDIUM	LOW	Ross McGuffie	Marie Moy	SLT, IJB PFA, IJB	30/06/22		
IB.11.21	Performance	30/07/2021	<p>Oversight of Performance Activity</p> <p>There is a risk that the IJB is not provided with adequate or sufficient performance information to enable it to discharge its scrutiny and oversight role; make informed decisions and recommend remedial actions to address any performance concerns.</p>	LOW	<p>CONTROLS</p> <p>1. Regular (quarterly) reports on the IJB performance framework, providing updates on areas for improvement, remedial actions (and timescales) and updates on performance issues previously reported.</p> <p>2. Chief Executive Performance Review arrangements.</p> <p>3. Hosted Services Performance Review arrangements.</p> <p>4. Sector/Localty Performance Review arrangements.</p> <p>ACTIONS</p> <p>1. Request detailed topic based performance reports on specific areas of concern e.g. CAMHS & Psychological Therapies.</p>	LOW	LOW	Ross McGuffie	Morag Dendy	SLT, IJB PFA, IJB	30/06/22		
IB.12.21	Performance	30/08/2021	<p>Staff Health & Wellbeing</p> <p>There is a risk to the delivery of the Strategic Commissioning Plan as a result of sustained pressures on staff availability due to additional pressures associated with Covid 19, current sickness absence levels and potential for further staff redeployment due to winter planning contingency arrangements.</p>	medium	<p>Controls</p> <p>1. Strategic Staff Health & Wellbeing Committee established reporting to NLC & NHSL corporate management teams.</p> <p>2. Range of support services available both nationally and locally e.g. Occupational Health, Spiritual care, Psychological Services, national wellbeing hub (www.ProMIS.scot.nhs.uk).</p> <p>3. Rest & Recuperation areas identified.</p> <p>4. Peer Support Networks established</p> <p>5. Well established Occupational Health supports available to support staff sickness.</p> <p>Actions</p> <p>1. Short Life Working Group for wellbeing with targeted approach for immediate actions including Staff Health & Wellbeing Champions, access to online supports, access to Occupational Health Services, helpline established and dedicated resource identified for wellbeing officers to be recruited.</p> <p>2. Funding received by Scottish Government specifically targeting staff well-being programmes and supports. Local plans for use of funding being developed.</p> <p>3. Managers supporting & encouraging staff to take planned leave/use full leave allocation.</p> <p>4. Staff being encouraged to submit proposals for use of targeted funding & some programmes already in place.</p>	HIGH	LOW	Ross McGuffie	Ross McGuffie	SLT, IJB PFA, IJB, SC&CG, AH&SC	30/06/22		
IB.13.2021	Performance	30/08/21	<p>Care Homes</p> <p>Inability of care homes to sustain service due to staffing or Covid outbreaks resulting in closure to new placements. This may increase delayed discharge numbers putting additional pressure on acute site capacity and impacting on recovery.</p> <p>The financial support for social care providers during the Covid-19 pandemic is being reviewed. Payments in respect of under-occupancy in care homes were extended to 30th June 2022.</p>	High	<p>Controls</p> <p>1. Establishment of Care Home Assurance Team.</p> <p>2. Escalation Process in place.</p> <p>3. National protocol to support discharge of Covid 19 patients in place.</p> <p>Actions</p> <p>1. Public Health teams providing guidance on infection control.</p> <p>2. Care Home assurance team undertaking support visits to all care homes & action plans in place for each care home.</p> <p>3. Staff and visitor testing in place.</p> <p>4. All care homes advised to use PPE in line with national addendum.</p>	High	medium	Ross McGuffie	Trudi Marshall	IJB, PFA, SLT, SC&CG, A H & SC	30/06/2022		