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Agenda Item: 9.

Integration Joint Board

Date of Meeting: 11 December 2019.

Subject: Risk Register.

1. Summary

1.1. This report presents updates from the Members' development session and a refreshed Risk Register for consideration and approval by the Board.

2. Purpose

2.1. To consider the revised Risk Register as at November 2019.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. Note the discussions that were held in regard to the Risk Register.

It is recommended:

3.2. That the updated Risk Register for the Integration Joint Board, attached as Appendix 1 to this report, be approved.

4. Risk Management

4.1. The Integration Joint Board (IJB) understands that it is important to identify and manage the risks which are inherent in its activities and in the services it commissions to Orkney Islands Council and NHS Orkney.

4.2. The IJB has established a refreshed Risk Management Strategy which was approved at the Board meeting on 3 October 2018.

4.3. The Risk Register shall be reviewed quarterly, and any changes shall be highlighted at Board meetings. This activity is recognised as a key component of sound governance.

4.4. It should be acknowledged that risk can never be eliminated in its entirety and some risks can identify positive opportunities which, with the appropriate level of control, may lead to improvements.

5. Development Session

5.1. The Risk Register was discussed at the development session on 31 July 2019 to receive guidance on how it should be developed moving forward.

5.2. The Chief Finance Officer advised that, although they have the delegated responsibility for updating the Risk Register, it is up to the Members to agree the format.

5.3. Members agreed that it would be beneficial to request both partner organisations to provide quarterly reports to the IJB which includes performance, finance and risk updates on the services that are commissioned from the IJB. The Chief Officer will request this on behalf of the Board.

5.4. There was discussion on the wording within the document and whether it could be simplified and be more Orkney focussed as at present it feels rather generic.

5.5. It was recognised that potentially once the Strategic Commissioning Implementation Plan (SCIP) was developed and approved, the risk register would become based on the risks attached to the objectives, whilst the partners would address the risks of being able to deliver the commissioned services.

5.6. It was agreed that the current register would be updated with the additional risks that had been identified since approval of the previous version of the Risk Register in March 2019.

6. Contribution to quality

Please indicate which of the Council Plan 2013 to 2018 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	No.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.
Promoting equality: To encourage services to provide equal opportunities for everyone.	No.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	No.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	Yes.
Effective: Providing services based on scientific knowledge.	No.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

7. Resource implications and identified source of funding

7.1. The Risk Register as a process must be carried out within existing resources. There may however be cost implications arising from the actions required to mitigate any high-risk areas identified. Arrangements to meet these costs need to be considered on a case by case basis.

8. Risk and Equality assessment

8.1. The development of this register is part of the process of identifying, managing and mitigating risks to the IJB.

9. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Escalation Required

Please indicate if this report requires escalation to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	Yes.

11. Author

11.1. Pat Robinson (Chief Finance Officer), Integration Joint Board.

12. Contact details

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13. Supporting documents

13.1. Appendix 1: Risk Register 2019/20.



Risk Register

Integration Joint Board

Version	Risk Register 2019
Lead Manager	Chief Finance Officer
Approved by	Integration Joint Board
Date Approved	
Date for Review	

	Risk Status (Same, Change, New)	Risk	Severity	Likelihood	Risk Quantification	Risk Reduction Actions	Risk Owner	Source of Assurance
1	Same	<p>Risk of failure of a key service provider including availability and constraint of provision</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> • Disruption to service delivery • Requirement to implement contingency plans in the event of being the provider of last resort • Impact on individuals and families with potential disruption to care arrangements 	4.	3.	12	<p>Appraisal of providers conducted as part of procurement process</p> <p>Ensure robust monitoring and action plans are in place for improvement</p> <p>Main providers are on the tender framework and registered and monitored by the Care Inspectorate</p>	Head of Health and Community Care / Heads of Children's Services	<p>Work with providers at risk to support improvement to care quality or agree phased and managed approach if closure is required</p> <p>Inspection reports from the Care Inspectorate</p> <p>Contract monitoring process</p> <p>Good working relationships with third sector providers</p>

	Risk Status (Same, Change, New)	Risk	Severity	Likelihood	Risk Quantification	Risk Reduction Actions	Risk Owner	Source of Assurance
2	Same	There is a potential conflict of interest between professional, organisational and IJB roles There could be decisions taken outwith the IJB arrangements whereby partner interests unintentionally takes priority to the IJB resulting in IJB unable to fulfil its remit	4	4	16	Formal arrangements in place such as Integration Scheme, Scheme of Administration and Delegations Standing Orders and Financial Regulations	Chief Officer with Chief Executives of partner organisations	Strategic Plan is approved by each of the partners Committees and supporting groups/forums established and working effectively Good working relationships across the partnership One-off meetings between organisations held as and when required
3.	Same	The need for transformational change not being effectively understood or communicated to all stakeholders	3	3	9	Consultation in various formats in accordance with the Communication and Engagement strategy on the	Chief Officer	Sought assurance from the Orkney Opinions Group that priorities for service development and

	Risk Status (Same, Change, New)	Risk	Severity	Likelihood	Risk Quantification	Risk Reduction Actions	Risk Owner	Source of Assurance
		with resulting lack of support for change				<p>new three-year Strategic Plan</p> <p>The plan will be approved by the IJB</p> <p>There will be project boards with members from across all sectors to drive forward</p>		<p>delivery was appropriate</p> <p>The Strategic Planning Group will ensure that change is progressing within timescales or highlight any issues to IJB</p>
4	Same	There is a risk of IJB financial failure and projecting an overspend, due to the available budget not being sufficient to meet the costs of the services	4	5	20	<p>Budgets delegated to cost centre level and being managed by budget holders</p> <p>Financial information highlighting the issues are reported regularly</p>	Chief Officer / Chief Finance Officer	<p>Financial information is reported regularly to the Integration Joint Board, NHS Finance and Performance Committee, Orkney Health and Care Committee, Strategic Planning Group and the Service Manager and Lead</p>

	Risk Status (Same, Change, New)	Risk	Severity	Likelihood	Risk Quantification	Risk Reduction Actions	Risk Owner	Source of Assurance
						Development of Medium-Term Financial Plan		Professional Team
5.	Same	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 a potential failure to meet legislation and an impact on the ability of the service to deliver services to the most vulnerable people in Orkney	4	3	12	Eligibility criteria in place Three-year Strategic Plan which includes transformation of services to ensure sustainability Introduction of Community Led Support to work collaboratively with communities	Chief Officer	Performance reporting on a regular basis identifies targets that are either met or unmet Additional funding from Scottish Government for Health and Social Care
6.	Same	Failure to recruit and retain appropriately	4	4	16	Development of a Workforce Plan to	Chief Officer	The risks identified are not classed as critical at this time

	Risk Status (Same, Change, New)	Risk	Severity	Likelihood	Risk Quantification	Risk Reduction Actions	Risk Owner	Source of Assurance
		skilled workforce due to a combination of factors e.g. loss of experience and capacity constraints				support Strategic Plan		and therefore being monitored at this time
7	Same	Brexit - There is a risk that this could affect the continuity of services and a reduction of workforce	3	2	6	An incident management team has been set up within both organisations to identify implications of a no Brexit deal	Chief Officer with Chief Executives of partner organisations	The risks identified are not classed as critical at this time and therefore being monitored at this time
8	Same	New legislation and duties could have significant additional demands on Health and Social Care services i.e. Children and Young People (Scotland) Act,	3	4	12	Three-year Strategic Plan which includes transformation of services to ensure sustainability Eligibility Criteria	Chief Officer / Chief Social Work Officer	To date there has not been any significant demand COSLA in consultation with IJB's highlight to Scottish Government the implications of

	Risk Status (Same, Change, New)	Risk	Severity	Likelihood	Risk Quantification	Risk Reduction Actions	Risk Owner	Source of Assurance
		Carers Act, Free Personal Care without having the resources available to fulfil the demand				Introduction of Community Led Support to work collaboratively with communities		potential impacts on any changes with in legislation
9	Same	There is a risk that non availability of 1) premises either through fire or flood etc; 2) key staff of significant numbers of front-line staff and/or 3) systems (telephony, swift, power failure etc) may result in adverse impact on service provision	3	3	9	Business Continuity Plans in place within both partners	Chief Officer	Participation in partner organisations emergency planning Participation in various working groups to discuss and develop incident response arrangements
10	New	The Directions for the commissioning of	3	4	12	Was advised there would be new guidance	Chief Officer	Included within action log on

	Risk Status (Same, Change, New)	Risk	Severity	Likelihood	Risk Quantification	Risk Reduction Actions	Risk Owner	Source of Assurance
		services are not sufficiently detailed for partners to deliver the services				and process for using Directions from SG There will be revised Directions once Strategic Commissioning Plan is developed and agreed		quarterly IJB meetings
11	New	The Primary Care Improvement Plan proposals will not meet all of the outcomes that are within the GMS contract within the timeframe	4	4	16	There will be a dedicated Programme Manager to manage these priorities	Head of Primary Care Services	The plan is submitted to the Board for approval Further reports are given to IJB on progress and issues

Classification Matrix

Risk Quantification Criteria

Descriptor	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (likely to occur every 5 to 10 years)	Not expected to happen, but definite potential exists – unlikely to occur (likely to occur every 2 to 5 years)	May occur occasionally, has happened on occasions – reasonable chance of occurring (likely to occur annually)	Strong possibility that this could occur – likely to occur (likely to occur quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (likely to occur daily/weekly/monthly)

See next page for Severity Impact consequence definitions.

Risk Matrix

Likelihood	Severity of Consequences				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

	Very High: Senior manager action to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk
	High: Service manager action to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk
	Medium: Department action to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk
	Low: Department action to confirm the level of risk identified and manage using routine procedures

Severity of Consequent Definitions

Descriptor	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Patient / Service User Experience	Reduced quality patient / service user experience / outcome not directly related to delivery of care	Unsatisfactory patient / service user experience / outcome directly related to care provision – readily resolvable	Unsatisfactory patient / service user experience / outcome, short term effects – expect recovery less than 1 week	Significant impact on Patient / Service User Experience. Medium term effects – expected recovery less than 4 weeks	Reduced quality patient / service user experience / outcome not directly related to delivery of care
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Noticeable reduction in scope / quality / project objectives or schedule	Significant project over-run	Inability to meet project / corporate objectives, reputation of the organisation seriously damaged

Descriptor	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Injury / Illness (physical and psychological) to patient / visitor / staff	Adverse event leading to minor injury not requiring first aid	Injury / illness (physical and psychological) to patient / visitor / staff	Adverse event leading to minor injury not requiring first aid	Injury / illness (physical and psychological) to patient / visitor / staff	Adverse event leading to minor injury not requiring first aid
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to care	Below excess claim	Complaint / Claims resulting in reduction in reputation	Serious violation of law which results in a fine or serious loss of reputation
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care / service provision	Some disruption in service with unacceptable impact on care	Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day)	Short term low staffing level temporarily reduces service quality (less than 7 days)	Medium term low staffing level reduces service quality (less than 21 days)	Severe low staffing level reduces service quality (less than 28 days)	Catastrophic low staffing level reduces service quality (more than 28 days)
Financial (including Damage / Loss / Theft / Fraud)	Negligible organisational / personal financial loss up to £100k	Minor organisational / personal financial loss of £100k - £250K	Significant organisational / personal financial loss of £250k - £500k	Major organisational / personal financial loss of £500k - £1m	Severe organisational financial loss of more than £1m

Descriptor	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action	Challenging recommendations that can be addressed with appropriate action plan	Enforcement / prohibition action Low Rating Critical report. Improvement Notice from the Care Inspectorate	Prosecution Zero rating Severely critical report Enforcement or Cancellation notice from the Care Inspectorate
Adverse Publicity / Reputation	Rumours, no media coverage. - Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes	Local media - long-term adverse publicity Significant effect on staff morale / public perception of the organisation. Local MSP / SEHD interest	National media adverse publicity less than 3 days Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, > 3 days MSP / MP / SEHD concern (Questions in Parliament) Court Enforcement / Public Enquiry / FAI