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Agenda number: 18

Integration Joint Board

Date of Meeting: 27 March 2019.

Subject: Integration Joint Board Risk Register.

1. Summary

1.1. This report presents the refreshed Risk Register for consideration and approval by the Board.

2. Purpose

2.1. To consider the revised Integration Joint Board Risk Register as at March 2019.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Approve the updated Risk Register for the Integration Joint Board, as attached as Appendix 1 to this report.

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 its Board meeting of 3 October 2018

4.3. The Risk Register shall be reviewed quarterly and any changes shall be highlighted at the 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 entirety and some risks can identify positive opportunities which, with the appropriate level of control, may lead to improvements.

5. Contribution to quality

Please indicate which of the Our 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.

6. Resource implications and identified source of funding

6.1. 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.

7. 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.

8. 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.

9. Author

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

10. Contact details

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11. Supporting documents

11.1. 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.	

No.	Risk Status S/C/N (Same, Changed, New)	Risk	Severity	Likelihood	Risk Quantification	Risk Reduction Actions	Risk Owner	Sources of Assurance
1	N	Risk of failure of a key service provider including availability and constraint of provision. Consequences could include: - 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	<ul style="list-style-type: none"> • Appraisal of providers conducted as part of procurement process. • Ensure robust monitoring and action plans are in place for improvement. • Main providers are on the tender framework and registered and monitored by the Care Inspectorate. 	Head of Health & Community Care and Head of Children's Services	<ul style="list-style-type: none"> • Work with providers at risk to support improvement to care quality or agree phased and managed approach if closure is required. • Inspection reports from the Care Inspectorate. • Contract monitoring process. • Good working relationships with third sector providers.

2	N	There is a potential conflict of interest between professional, organisational and IJB roles. There could be decisions taken outwith the IJB arrangements whereby partners interests unintentionally takes priority to the IJB resulting in IJB unable to fulfil its remit.	4	4	16	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	N	The need for transformational change not being effectively understood or communicated to all stakeholders with resulting lack of support for change.	3	3	9	<ul style="list-style-type: none"> • Consultation in various formats in accordance with the Communication and Engagement strategy on the new 3 year Strategic Plan. • The plan will be approved by the IJB. • There will be project boards 	Chief Officer	<ul style="list-style-type: none"> • Sought assurance from the Orkney Opinions Group that priorities for service development and delivery was appropriate. •The Strategic Planning Group will ensure that change is progressing within timescales or highlight any issues to IJB.

						with members from across all sectors to drive forward.		
4	N	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	<ul style="list-style-type: none"> • Budgets delegated to cost centre level and being managed by budget holders. • Financial information highlighting the issues are reported regularly. • Development of Medium Term Financial Plan. 	Chief Officer / Chief Finance Officer	<ul style="list-style-type: none"> • Financial information is reported regularly to the Integration Joint Board, NHS Finance & Performance Committee, Orkney Health & Care Committee, Strategic Planning Group and the Service Manager & Lead Professional Team.

5	N	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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	N	Failure to recruit and retain appropriately skilled workforce due to a combination of factors e.g. loss of experience and capacity constraints.	4	4	16	<ul style="list-style-type: none"> • Development of a Workforce Plan to support Strategic Plan. 	Chief Officer	<ul style="list-style-type: none"> • Clinical and Care Governance committee reviews operational risk around staffing numbers. • Orkney Health and Care Joint Staff Forum

7	N	Brexit - There is a risk that this could affect the continuity of services and a reduction of workforce.	3	2	6	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • The risks identified are not classed as critical at this time and therefore being monitored at this time.
8	N	New legislation and duties could have significant additional demands on Health and Social Care services i.e. Children and Young People (Scotland) Act, Carers Act, Free Personal Care without having the resources available to fulfil the demand.	3	4	12	<ul style="list-style-type: none"> • Three year Strategic Plan which includes transformation of services to ensure sustainability. • Eligibility Criteria • Introduction of Community Led Support to work collaboratively with communities. 	Chief Officer and Chief Social Work Officer	<ul style="list-style-type: none"> • To date there has not been any significant demand. • COSLA in consultation with IJB's highlight to Scottish Government the implications of potential impacts on any changes with in legislation.

9	N	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	<ul style="list-style-type: none"> • Business Continuity Plans in place within both partners. . 	Chief Officer	<ul style="list-style-type: none"> • Participation in partner organisations emergency planning. • Participation in various working groups to discuss and develop incident response arrangements.
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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.