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Agenda Item: 10.

Integration Joint Board

Date of Meeting: 21 April 2021.

Subject: Risk Register

1. Summary

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

2. Purpose

2.1. The report supports the governance and scrutiny role of the Members and the effective identification and management of risks.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Approve the updated Risk Register for the IJB, 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 from Orkney Islands Council and NHS Orkney.

4.2. The IJB approved a refreshed Risk Management Strategy at the Board meeting on 10 February 2021.

4.3. The Risk Register is a dynamic document and shall be reviewed quarterly, and any changes shall be highlighted for approval at Board meetings. This activity is recognised as a key component of good 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. Background

5.1. The Risk Register was scrutinised by the Strategic Planning Group on 30 March 2021 at which one small amendment was made. This was in relation to Risk No. 3 - Reluctant Support for Change, and clarification of the range of communication that takes place to mitigate this risk.

5.2. It was recognised that the IJB Risk Register supports the achievement of the goals of the Strategic Plan. This is achieved through mitigating risks attaching to the Plan.

5.3. In future regular reports will be presented to the IJB on performance and risk.

6. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise : To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality : To encourage services to provide equal opportunities for everyone.	Yes.
Fairness : To make sure socio-economic and social factors are balanced.	Yes.
Innovation : To overcome issues more effectively through partnership working.	Yes.
Leadership : To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

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 escalated to:

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

11. Author

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

12. Contact details

12.1. Email: pat.robinson@orkney.gov.uk.

13. Supporting documents

13.1. Appendix 1: Risk Register April 2021.

Orkney's Integration Joint Board

Risk Register

April 2021.

The refreshed Risk Management Strategy was agreed by the Integration Joint Board on 10 February 2021 and the document can be found at the following link:

https://www.orkney.gov.uk/Service-Directory/S/risk-management-ijb.htm

The Risk Register for the Integration Joint Board is the Strategic Risk Register for the Board. There is also a service risk register for Orkney Health and Care which contains more operational risks. These risk registers are reviewed regularly through the performance management system.

The risks are set out below, with likelihood and impact informed by the risk matrix.

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.

Number.	Risk Title	е.						Cluster.	
1.	Risk of f	ailure of a ke n.	Governance.	Governance.					
Risk Rating:	Owner.		Head of Hea	alth and Com	munity Care				
Likelihood.	3.	Impact.	5.	RAG:	High	Current Risk Score:	15.	Target Risk Score:	10.
Vulnerability.		Trigger.		Conseque	nces.	Options.		Mitigating Act	ions.
Vulnerability. Risk of failure of a key care provider, including care home, care at home and other care providers due to financial instability or significant care concerns.		0	care concerns ugh monitoring	plans in the being the p resort.	ent to contingency e event of provider of last individuals and th potential to care	Treat.		Mitigating Actions.Appraisal of providers conducted as part of procurement process.Ensure robust contract monitoring and action pla are in place for improverMain providers are on th tender framework and registered and monitored the Care Inspectorate.Work with providers at ri support improvement to quality or agree phased managed approach if required.Work with Scottish Government, Scotland E and COSLA on care hor market.	

Number.	Risk Title.	1						Cluster.	
2.	Conflict b	etween profe	essional, orga	nisational and	d IJB roles.			Governance.	
Risk Rating:	Owner.		Chief Office	ſ.					
Likelihood.	4.	Impact.	4.	RAG:	High.	Current Risk Score:	16.	Target Risk Score:	12.
Vulnerability.		Trigger.		Consequen	ces.	Options.		Mitigating Act	ions.
There is a pote of interest betw professional, organisational a roles There co decisions taker the IJB arrange whereby partne unintentionally to the IJB resul unable to fulfil i	reen and IJB uld be n outwith ements er interests take priority ting in IJB	Decisions a the partner that affect the which have delegated to	organisations he services been	Services cor by IJB are no implemented the Strategic Commission Implementat	ot I in line with : ing	Treat.		Strategic Plan a Commissioning Implementation approved by ea partners. Committees an groups/forums and working eff Good working r across the part One-off meeting organisations h when required. Formal arrange place such as I Scheme, Scher Administration Delegations S Orders and Fin Regulations.	a Plan is ach of the d supporting established fectively. relationships nership. gs between held as and ements in ntegration me of and standing

Number.	Risk Title							Cluster.	
3.	Reluctant	Support for	Governance.	Governance.					
Risk Rating:	Owner.		Chief Office	r.					
Likelihood.	3.	Impact.	3.	RAG:	Medium.	Current Risk Score:	9.	Target Risk Score:	6.
Vulnerability.		Trigger.		Consequen	ces.	Options.	•	Mitigating Act	ions.
The need for transformationa not being effec understood or communicated stakeholders w lack of support	tively to all ith resulting	Resistance and desire f remain as th currently. Scale and s options for o sufficiently s and dismiss	or services to ney are cope of change not scrutinised	Failure to rec services to s equitable, su affordable se Issues are a piecemeal w strategic ove Diminished r from failure t	ecure Istainable and ervices. ddressed ith no erview. eputation	Treat.		Consultation in various formats in accordance with the Communication and Engagement strategy to ensure all stakeholders are involved in any proposed change for delivery of services. Effective continuous communication with colleagues and other affecte stakeholders. Proposals will be approved by the IJB. There will be project boards with members from across a sectors to drive forward. Assurance sought from the Orkney Opinions Group that priorities for service	

								development ar was appropriate	•	
Number.	Risk Title.						Cluster.			
4.	IJB Finan	cial Sustaina	ability.					Financial		
Risk Rating:	Owner.		Chief Financ	e Officer.						
Likelihood.	od. 5. Impact. 5. RAG: Very High. Curren Risk Score						25.	Target Risk Score:	16.	
Vulnerability. Trigger.				Consequence	es.	Options.		Mitigating Actions.		
Services comm will not be able of the statutory for those with a need. Unable to deliv existing saving achieve new sa deliver a baland	to meet all services issessed er in full the s and avings to	resulting in demand for Increasing a support peo complex ne without add resources t increased o Legislative unsupporte funding.	services. ability to ople with eeds at home litional o meet demand. requirements d by additional ns of service t within the	Not meeting o requirements. Inability to mee customer's ass needs. Financ reputational da the service. Continued nee savings target risk for operati services. This a knock on eff preventive ser transformation which will not l	et our sessed ial and amage to ed for s poses a on of all our could have ect on vices or al change	Treat.		Financial inform reported regula Integration Join Finance and Pe Committee and Health and Car which highlights areas. Review and rev medium term fin IJB budget plan processes and Some continge arrangements i regard to opera pressures withi bodies.	rly to the at Board, NHS erformance Orkney e Committee s pressure vise the nancial plan. ning scrutiny. ncy n place in tional service	

Number.	Risk Title.			Cluster.							
5.	Financial	and demogra	aphic pressure	es of services				Financial.	Financial.		
Risk Rating:	Owner.	Owner. Chief Financ									
Likelihood.	5.	Impact.	4.	RAG:	Very High.	Current Risk Score:	20.	Target Risk Score:	16.		
Vulnerability.	nerability. Trigger.			Consequen	ces.	Options.		Mitigating Act	ions.		
There is a risk t financial and de pressures are r effectively plant managed over to longer term, result in a pote to meet legislat impact on the a to commission the most vulner people in Orkne	emographic not ned for and the medium this could ential failure ion and an ability of IJB services to rable	funding to r	ic and other or realise	 a suitable levin: Commun poor reod services Inability t best valu Governm penalisat Legislation 	e pressures to vel can result hity wide ccurring performing. o provide le services. hent tion. on breaches, rice user and	Treat		 Eligibility criteria in place. Three-year Strategic Plan which includes transformation of services to ensure sustainability. Development of the Strategic Commissioning Implementation Plan. Introduction of Community Led Support to work collaboratively with communities. Performance reporting on a regular basis identifies targets that are either met or unmet. Additional funding from Scottish Government for Health and Social Care on managing pressures. 			

	Dist Title							A local network National Chief Officer meeting discussion foru issues impactin partnerships, in prescribing and services.	Finance provide a m for wider ig on icluding
Number.	Risk Title.			_				Cluster.	
6.	+	ent and Reten						Staffing.	
Risk Rating:	Owner.	1	Chief Officer						
Likelihood.	5.	5. Impact. 5.		RAG: Very High		Current Risk Score:	25.	Target Risk Score:	9.
Vulnerability.		Trigger.		Consequences.		Options.		Mitigating Actions.	
Insufficient work planning actions to shape future through redeplo training etc. Capacity issues difficult for the s realise its priori Failure to recrui retain appropria workforce.	s underway workforce byment and s make it service to ties. it and	overstretched The service of have the righ right place, a time, to deliv Plan priorities statutory fund Statutory offi unable to dis	Service staff become overstretched. The service does not have the right staff in the right place, at the right time, to deliver Strategic Plan priorities and/ or statutory functions. Statutory officers are unable to discharge their statutory functions		Service cannot manage within its resources. Existing workforce becomes overstretched. Key pieces of work are not able to be undertaken. Service standards drop and vulnerable people are placed at risk. Service is reactive rather than proactive. Regulatory authorities report poor performance and service is unable to			Service Workfor now approved complements th NHS Orkney W Plans. This anticipates possible, the ar greatest risk in employees. Consideration of approach to red and retraining a Careful consider release of staff	which he OIC and forkforce s, as far as reas of shortfall of of enhanced deployment as appropriate. eration to the

				respond effectively to inspection regulations. An increased risk in legal challenges and complaints. Risk of financial penalties.					re required ed. approach to ccession ttraction of nd work in ow our own
Number.	Risk Title.							Cluster.	
7.	Brexit.							Legislative.	
Risk Rating:	Owner.		Chief Officer						
Likelihood.	2.	Impact.	3.	RAG:	Medium	Current Risk Score:	6.	Target Risk Score:	3.
Vulnerability.		Trigger.		Consequence	ces.	Options.		Mitigating Actions.	
There is a risk t could affect the of services and reduction of wo Financial Impac to Brexit and ot economic issue Financial risks r staffing, purcha drugs, equipme consumables a	continuity a rkforce. ets relating her wider es. relate to se of care, ent,	Changes in c agreements. Changes in l government affecting acc markets. Shortfalls in s demand of la as foreign lal to UK.	policy ess to supply and bour, such	Poorer long t within the con Inability to pr levels of care services. Inability to re with balanced books. Inability to me targets due to increased co	mmunity. ovide high e through ach year end d financial eet financial o potential	Treat.		See EU-Exit ris NHS Orkney ar An incident man team has been both organisation issues as they National resilien in place.	nd OIC. nagement set up within ons to address arise.

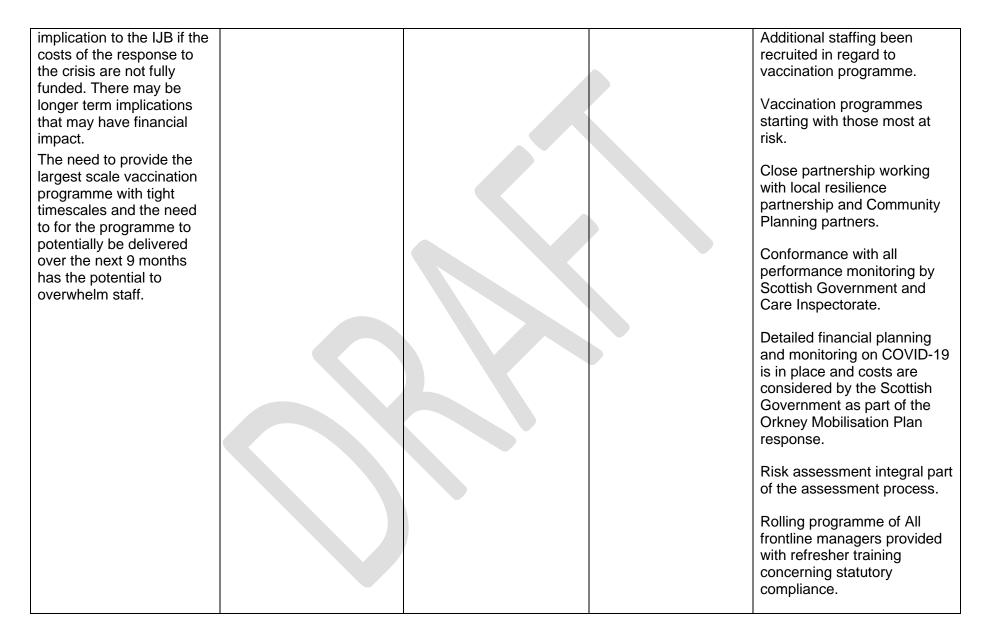
Number.	Risk Title.							Cluster.			
8.	Impacts o	f new legisla	tion.					Legislative.			
Risk Rating:	Owner.		Chief Office	r.							
Likelihood.	4.	Impact.	3.	RAG:	High.	Current Risk Score:	12.	Target Risk Score:	8		
Vulnerability.		Trigger.		Consequen	ces.	Options.		Mitigating Act	ions.		
Vulnerability. New legislation and duties could have significant additional demands on Health and Social Care services.				ent action and increased		Treat		Mitigating Actions.Three-year Strategic Commissioning Plan which includes transformation of services to ensure sustainabilityEligibility Criteria.Introduction of Community Led Support to work collaboratively with communities.			
Number.	Risk Title.							Cluster.			
9.	Lack of st	rategic Direc	ction for comm	nissioning of	services.			Legislative			
Risk Rating:	Owner.		Chief Office	r.							
Likelihood.	4.	Impact.	3.	RAG:	High.	Current Risk Score:	12.	Target Risk Score:	9.		

The Directions for the				
commissioning of services and	ack of directional detail nd/or instruction within ommissions of services an.	Services will receive funding without clear expectations and directions to what is expected to be achieved with funds. Partners may not deliver on services objectives or seek best value approach to services delivery. This may lead to lack of service initiation when considering the most effective quality improvement to services.	Treat	 A Directions template has been development for approval which includes information on outcomes required and associated budget. There will be revised Directions once Strategic Commissioning Plan is developed and agreed When the full review of the Integration Scheme is completed, new directions will be issued to all services delegated. An annual directions report presented to the Board.

Number.	Risk Title							Cluster.		
10.	Primary C	Care Improve	ment Plan.	Plan. Legislative.						
Risk Rating:	Owner.		Head of Pri	mary Care Se	rvices.					
Likelihood.	4.	Impact.	4.	RAG:	High	Current Risk Score:	16.	Target Risk Score:	12.	
Vulnerability.		Trigger.		Conseque	nces.	Options.		Mitigating Act	ions.	

The Primary Care Improvement Plan proposals will not meet all of the outcomes that are within the GMS contract within the timeframe	Key nationally identified priorities for primary care improvement are not in place. GP practices do not have the resources they need locally to deliver local priorities.	Patient care and public health affected. Recruitment and retention challenges in relation to GPs and other primary care colleagues	Treat.	The plan is submitted to the Board for approval. Further reports are given to IJB on progress and issues. There is a dedicated Programme Manager to manage these priorities.

Number.	Risk Title).						Cluster.			
11.	COVID-19	9.						Legislative.	Legislative.		
Risk Rating:	Owner.	Owner. Head of Heal		Ith and Com	munity Care, H	ead of Primai	ry Care an	d Chief Finance Off	icer.		
Likelihood.			Very High.	Current Risk Score:	20	Target Risk Score:	10.				
Vulnerability.	ulnerability. Trigger.			Conseque	nces.	Options.	·	Mitigating Act	ions.		
Vulnerable serv users/patients may be affecte effects of the C particularly res our care homes Implications of means that wo strategic priorit been postpone Financial risks COVID 19 The significant finan	and staff d by the coronavirus, idents in s. COVID-19 rk on the ies has d. relating to re is a	the virus in communitie those most Outbreak in care homes Staff tiredn Lack of ava provide the	es, affecting at risk. n one of our s. ess. allable staff to programme demands on	be tragic fo affected. Failure to d vaccination within Gove timescales. Increased s	eliver the programme ernment staff absence eliver on key	Treat		Well communic instruction for h social care staf to professional Health. All national and measures inclu distancing, fred handwashing, a PPE, staff and user/resident s isolation.	health and f appropriate role by Public l local ding social juent appropriate service		



				PVG (Protecting Vulnerable Groups) scheme in place.
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Number.	Risk Title							Cluster.	
12.	Inability to people.	o deliver coi	e protection a	nd support s	ervices for chi	ldren and ye	oung	Legislative.	
Risk Rating:	Owner.	wner. Head of Child			es and Chief So	ocial Work O	fficer.		
Likelihood. 3.		Impact.	5.	Risk Score:			15.	Target Risk Score:	10.
Vulnerability.	nerability. Trigger.					Options.	l	Mitigating Act	ions.
Children and y people are vulr to the Council's improve policie procedures and as part of multi child protection support service highlighted in t of a joint inspe services for ch young people i care and prote Orkney', Febru	nerable due s need to es, d services -agency n and es, he 'Report ction of ildren and n need of ction in	do not have		people are with the best early life; ch young peop supported i opportunity When perfor shortfalls and in inspection requires im However, and consequent it makes it r	exposed to ren and young not provided st chances in hildren and ble are not n closing the gap. ormance re highlighted n reports, this provement. collateral ce can be that more difficult to hanent good to work in dren's and	Treat.		Comprehensive improvement p developed white all areas for im Progress with t closely monitor Chief Officers' relevant partne bodies. Progress Revie in April 2021 w external scrutir to date and hel level of vulnera	lan has been ch addresses provement. this plan is red by the Group and the er governance ew Inspection ill provide by of progress p determine

services, exacerbating vulnerabilities.					
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Number.	Risk Title	•						Cluster.		
13.	Analogue	e to Digital S	witchover.						nis is a ue to the	
Risk Rating:	Owner.		Head of Hea	alth and Com	munity Care.					
Likelihood.	5.	Impact.	4.	RAG:	Very High.	Current Risk Score:	20.	Target Risk Score:	10.	
Vulnerability.		Trigger.		Conseque	nces.	Options.		Mitigating Actions.		
Vulnerable adu without access as a means of to cost implicat accelerated sw analogue to dig lines.	to Telecare support due tions of an <i>v</i> itch from		n analogue to ned for 2023 – otland.	be left with contact sor are in need could resul	adults could out a means to neone if they I of help which t in not getting treatment in a ion.	Treat.		There is fundin implementation from Scottish G TEC to test imp Ongoing support national groups connecting Scot been undertake services. Programme bo a functional cent capable of han technology is in suitable timefra	o for £71,400 Government plementation. ort work with s such as ptland has en through ard to ensure ntral system dling digital mplemented in	

Number.	Risk Title)_						Cluster.		
14.	Annual A	ccounts Pre	paration.					Financial		
Risk Rating:	Owner.		Head of Hea	Head of Health and Community Care						
Likelihood.	3.	Impact.	4.	RAG:HighCurrent Risk Score:12ConcommendedOptions				Target Risk Score:	8.	
Vulnerability.		Trigger.		Consequer	Consequences. Options.			Mitigating Act	ating Actions.	
The disclosure Annual Accour give the quality required.	nts do not	Performand not reported transparent		This could r qualified rep illustrates th organisatior operating ef	port which hat the h is not	Treat.		There will be fu with key officer quality assuran in place and th of sufficient qua the audit to pro with planned tin	s to ensure a ace process is e accounts are ality to allow ogress in line	

Number.	Risk Title							Cluster.	
15.	Set Aside	Budget.						Financial .	
Risk Rating:	Owner. Chief Finance Officer.								
Likelihood.	4.	Impact.	4.	RAG:	High.	Current Risk Score:	16.	Target Risk Score:	12.
Vulnerability.		Trigger.		Consequen	ces.	Options.		Mitigating Act	ions.
Although the Se Budget has bee delegated the	Set Aside The information is not Not meeting our statutory Treat.			Development session with Members on understanding of set aside budget.					

arrangement is not working as intended.	oversight in line with the legislation.	Potentially not able to fulfil preventive services or transformational change which will not be cost effective.	Development with Finance team on information that is required moving forward.

Number.	Risk Title	•						Cluster.		
16.	Misstaten	nent of Paym	ents to Primar	y Care Contr	actors			Financial	Financial	
Risk Rating:	Owner. Head of Primary Care.					·				
Likelihood.	4.	Impact.	4.	RAG:	High	Current Risk Score:	16	Target Risk Score:	12.	
Vulnerability.	ty. Trigger.		Consequences.		Options.		Mitigating Actions.			
Lack of controls to payments to Care Contractor scrutinised suffi- before payment made.	Primary rs are not ciently	reflected ar evidence to operation o		Payments a which are no	re made ot appropriate	Treat.			unexpected	

Number.	Risk Title.									Cluster.	
17.	Budget Setting. Financial.										
Risk Rating:	Owner.	Chi	Chief Finance Officer.								
Likelihood.	5.	Impact.	5.		RAG:	Very High	Current Risk Score:	25.	Target Risk Score:	15.	

Vulnerability.	Trigger.	Consequences.	Options.	Mitigating Actions.
Budgets are not set and approved prior to start of financial year and IJB will be operating without a formally agreed budget.	Not receiving formal budget offers from Partner bodies in a timeous manner.	Unable to commission/decommission services with financial resources attached.	Treat.	Ongoing discussions with partner bodies on more joined up working. Updated integration scheme to agree on how future budgets will be allocated.

Number.	Risk Title	•	Cluster.							
18.	Integration Scheme Review.							Governance		
Risk Rating:	Owner.	Chief Officer		er				I		
Likelihood.	3.							Target Risk Score:	10.	
Vulnerability.		Trigger.		Conseque	Consequences.			Mitigating Actions.		
Integration Scheme is not agreed within appropriate timescales.				document	There is no governance document between the partners and the IJB.			A review is underway between the partners and this will be submitted to Scottish Government within financial year 2021/22 for approval. This will then be presented to the IJB for noting.		

Number.	Risk Title	Э.	Cluster.						
19.	Changes	in Leadershi	р.					Strategic.	
Risk Rating:	Owner.	Chief Officer		ſ.					
Likelihood.	kelihood. 5. Impact. 5			RAG:	Very High.	Current Risk Score:	25.	Target Risk Score:	15.
Vulnerability.		Trigger.		Consequences.		Options.		Mitigating Actions.	
No permanent Chief Officer in post to take leadership role within organisation.		Decisions might be made in the partner organisations that affect the services which have been delegated to the IJB.		Failure to re integrated s secure equi sustainable affordable s Issues are a piecemeal v strategic ov	services to itable, and services. addressed with no	Treat.		A recruitment campaign has been held and interviews will be taking place in April 2021 to recruit permanent Chief Officer post.	
				Diminished from failure					