



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD AUDIT COMMITTEE – 8 DECEMBER 2021

RISK MANAGEMENT MID YEAR UPDATE

GAIL SMITH, CHIEF OFFICER

ABSTRACT

This report is to update the Integration Joint Board Audit Committee on progress in managing the Angus Integration Joint Board's (IJB) Strategic Risk Register.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board Audit Committee:-

- (i) Notes the strategic risk profile, risk rating matrix and strategic risk improvement action plan.
- (ii) Notes Angus IJB is required to develop local risk appetites.
- (iii) Notes progress made in relation to Internal Audit Review of Risk Management.

2. BACKGROUND

Members of the IJB Audit Committee are responsible for:-

- Oversight of the IJB risk management arrangements.
- Receipt, review and scrutiny of reports on corporate strategic risks and any key operational risks.
- Ensuring they are aware of any risks linked to recommendations from the Chief Officer covering new priorities/policies.

Within the Angus Health & Social Care Partnership (HSCP) the Integration Joint Board (IJB) Audit Committee has delegated responsibility from the IJB for ensuring all relevant strategic and operational risks are accurately identified, assessed, evaluated, recorded and monitored.

The Chief Officer, as Accountable Officer, has responsibility for maintaining a sound system of Internal Control and reviewing the effectiveness of the risk management system within the organisation, facilitating the preparation of an Annual Governance Statement. In addition, IJB's are subject to the requirements of the Scottish Public Finance Manual and must operate a risk management strategy.

Angus IJB has a recently approved Risk Management Strategy in place (see report 6/21, IJB April 2021). The IJB monitors a series of corporate strategic risks using agreed methodologies. The risks monitored include service, financial, clinical care and professional governance, performance management and workforce risks. The scrutiny and management of risks is devolved to Angus HSCP Clinical, Care and Professional Governance Forum, chaired by Angus HSCP's Clinical Director. Monitoring of risk performance is undertaken on a bi-monthly basis with an overview provided to Angus HSCP Executive Management Team and NHS Tayside Care Governance Committee.

The IJB Strategic Risk Register is to be reported to Angus IJB Audit Committee twice a year. The annual risk report was considered at the Angus IJB Audit Committee Meeting in June 2021. A process is being established in order to exception report any new risks, scoring over 20, or where a risk has increased to >20 to the IJB Audit Committee, outwith the timetabled updates.

3. CURRENT POSITION

The Angus Clinical, Care and Professional Governance Risk Group met on Monday 15 November 2021 to consider key risks.

SR01 Sustainability of Primary Care Services: there is a risk that NHS Tayside will be unable to provide GP services.

This risk continues to be rated as 25. A wide range of current controls are in existence but despite these measures there continues to be a high risk. Key causes of the risk are:

- Difficulties with recruitment and retention of General Practice workforce
- Particular difficulties with the management of 2C practices
- Gaps within Medical Leadership roles
- Staffing shortages within the Primary Care Out of Hours service
- Direct impact of COVID-19 pandemic e.g. absence, provision of COVID-19 assessments in the community, immunisation programme
- Indirect impact of COVID-19 pandemic e.g. increase in mental health presentations, waiting lists, delays in management of long-term conditions within primary care
- Difficulties in implementation of the new GMS contract
- Shortages of available premises and IT infrastructure to support primary care.

There are plans in place for a revision of this risk to ensure a collective approach to the corporate governance and internal control of the strategic and service risks for primary care. Discussions involving NHS Tayside Strategic Risk Management and the three HSCPs are ongoing at an early stage. A proposal for a similar approach to the Tayside Mental Health risk is in development.

An internal audit is planned regarding the Sustainability of Primary Care Strategic Risk.

SR08 Workforce Optimisation: there is a risk that Angus HSCP will be unable to develop and sustain its workforce to meet its legal obligations.

This risk continues to be rated as a 20 (impact 5, likelihood 4). A workforce planning group has formed to ensure a coordinated and proactive approach to workforce planning moving forward. This new group has now met on 2 occasions. The initial focus is on data gathering to inform improvements. A workforce report was submitted to the Angus Integrated Joint Board on 25 August 2021 with agreement regarding governance arrangements. Key risks include workforce within General Practice and Mental health.

Angus IJB's strategic risk register identifies Workforce as a red risk. Improvement actions have been identified in relation to the preparation of workforce plans.

Whilst an updated interim workforce plan has been completed, this has highlighted the challenge faced by Angus Health and Social Care Partnership in respect to workforce. The increasing age of our workforce, potential for clinical professionals retiring aged 55 years, in particular shows that significant work is required to mitigate this risk. The risk therefore remains extreme.

SR11 Commissioned Service Provider Failure

This risk score has increased from the previous score of 16 in September to 20 (impact 5, likelihood 4) and relates to the recruitment and retention of staff within the care at home service.

The number of available hours for care at home has reduced to 12, 554 per week from a high of 13,400. There are 1300 hours of partially met or unmet need.

This is a national problem and the Scottish Government has announced funding to address challenges in care at home provision.

Work is ongoing to determine the best use of available funds for “interim” placements, hospital step down, capacity building for care at home and an allocated share to uplift social care officer pay. The option of outreach provision from care homes is also being explored, making greater use of volunteers for certain non personal care tasks, increasing the size of Enablement and Response Team (ERT) and the use of paid incentives for new starts. None of these measures are an immediate fix and will have a negative impact on service provision in acute services, which is evidenced by delayed discharge numbers.

SR18 Implementation of Strategic Planning Priorities

There is a risk that due to the demands of the COVID-19 pandemic, there have been delays in implementation of the Angus Strategic Plan.

This risk has recently been revised to a higher score of 20 (impact 4, likelihood 5). This risk is particularly around meeting parts of the Angus Strategic Commissioning plan with the emphasis on prevention, early intervention, self-care and community interventions to prevent hospital admission.

This risk continues to be revised through links to plans for remobilisation of services and with consideration through the Angus Strategic Planning Group. Proposals for funding from the strategic reserve which address the risks are being welcomed for consideration within that group. The lack of momentum in this area (largely due to capacity issues) has been recognised. More recently a combined bid along with Angus Alive has been accepted which provides an exciting partnership approach to ensure a public health approach to strategic planning priorities. There are opportunities to provide evidenced based interventions to improve physical health and reduce inequalities. Current proposals for development include evidence-based exercise to improve the physical health of people experiencing mental health illness, balance exercises for people at risk of falls, supported exercise for people experiencing chronic pain, pulmonary rehabilitation and cardiac rehabilitation. These targeted interventions will be considered alongside increased social prescribing opportunities linking to social prescribers in GP practices.

An updated strategic risk profile, risk rating matrix and strategic risk improvement action plan are included in Appendix 1&2.

Risk Appetite

Monitoring of corporate strategic risk performance has been undertaken on a regular basis during 2020/21 through the Care, Clinical and Professional Governance Group.

4. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report however Angus IJB's strategic risk register identifies Finance as a red risk. This is particularly challenging with regard to longer term financial plans. This is described in detail in the IJB's financial plan where it highlights short term risks can be managed due to IJB reserves but longer term risks remain considerable and place at risk the delivery of the strategic objectives in the strategic commissioning plan.

Improving the quality of finance support and resolving long-standing budgetary issues with NHS Tayside will help support management of this risk. Crucial to containing this risk will be progress with the delivery of actions included in the strategic financial plan and the development of further interventions to close out any residual shortfalls.

5. RISK

No new risk other than the ones described in this report.

6. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

7. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required.

8. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	x
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHOR: Jillian Galloway, Head of Health and Community Care Services

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:

Appendix 1: Angus IJB Strategic Risk Profile and Risk Matrix Template

Appendix 2: Angus IJB Strategic Risk Improvement Plan

STRATEGIC RISK PROFILE AS AT 15 NOVEMBER 2021

Appendix 1

Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
SR01. Sustainability of Primary Care Services To maintain sustainable Primary Care Services both in and out of hours due to national recruitment issues.	Chief Officer (GS)	5	5	25	→	15.11.21
SR02. Prescribing Management – EMERGING RISK The prescribing overspend remains the single most significant cost pressure within the IJB.	Associate Medical Director (AC)	4	4	16	↑	15.11.21
SR03. Financial Management Noting long term financial forecasts, to maintain good quality financial management and to ensure the best use of all available resources.	Chief Officer and Chief Finance Officer (GS, SB)	5	4	20	→	15.11.21
SR08. Workforce Optimisation Bringing together partnership staffing to improve outcomes, efficiency and reduce duplication.	Head of Service (GB)	5	4	20	→	15.11.21
SR11. Commissioned Service Provider Failure To monitor and provide assurance that mechanisms for identifying early warning signs that providers operating locally are failing or in difficulty	Head of Service (GB)	5	4	20	↑	15.11.21
SR12. European Union Withdrawal - ARCHIVED As a result of ongoing transition negotiations, there is a risk of a no deal UK exit from the EU. This may lead to an inability to deliver safe and effective care as a result of disruption to a number of areas determined as critical.	Head of Service (JG)	3	3	9	x	15.11.21
SR13. Insufficient Corporate Support Capacity Lack of appropriate capacity and resilience within the Partnership's corporate support structures.	Head of Service (GB)	3	3	9	→	15.11.21

Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
SR14. Adult Support & Protection Ensuring that the quality of adult protection work within the AHSCP is of a good standard so that risk to the public, to individual services and to member organisations are averted.	Head of Service (GB)	4	4	16	→	15.11.21
SR15. Storage of Paper Records Ensuring arrangements are adequate for paper records.	Associate Medical Director (AC)	4	2	8	→	15.11.21
SR16. Non-integration of Adverse Event, Risk Management and Complaints Handling Risk to effective and integrated adverse event management, risk management, and complaints handling.	Associate Medical Director (AC)	4	3	12	→	15.11.21
SR17. Incorrect Patient Contact Details on AdAstra - ARCHIVED The AdAstra system used by Out of Hours Service does not consistently provide patient's current contact details	Head of Service (JG)	3	5	15	x	15.11.21
SR18. Implementation of Strategic Planning Priorities The implementation of our strategic priorities has been impacted upon adversely by COVID-19	Head of Service (GB)	5	4	20	→	15.11.21
SR19. Project Performance Reporting Risk identified when a project improvement work is delivering on the commitments and ambition set out in the Angus HSCP Strategic Plan	Head of Service (JG)	4	3	6	→	15.11.21

Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

Risk Rating Matrix			Inherent Score	Residual Score										
Risk	Risk Title	Risk Owner	Risk Exposure – no controls	Mar 21	May 21	Jul 21	Sept 21	Nov 21	Jan 22	Mar 22	May 22	Jul 22	Sept 22	Nov 22
SR01	Sustainability of Primary Care Services	Chief Officer	25 (5x5) RED	25 (5x4) RED	25 (5x4) RED	25(5x5) RED	25(5x5) RED	25(5x5) RED						
SR02	Prescribing Management	Associate Medical Director	25(5x5) RED					16 (4X4) AMBER						
SR03	Effective Financial Management	Chief Financial Officer	25 (5x5) RED	20 (5X4) RED	20 (5X4) RED	20(5X4) RED	20(5X4) RED	20(5X4) REDAR						
SR08	Workforce Optimisation	Head of Service (GB)	25 (5X5) RED	20 (5X4) RED	20 (5x4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED						
SR11	Commissioned Service Provider Failure	Head of Service (GB)	20 (5X4) RED	9 3x3 YELLOW	9 (3x3) YELLOW	9 3x3 YELLOW	16 (4X4) AMBER	20 (5X4) RED						
SR12	European Union Withdrawal	Head of Service (JG)	16 (4X4) AMBER	9 3x3 YELLOW	9 3x3 YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW	ARCHIVE						
SR13	Insufficient Corporate Support Capacity	Head of Service (GB)	16 (4X4) AMBER	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW	9 (3X3) YELLOW						
SR14	Adult Support & Protection	Head of Service (GB)	20 (5x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	16 (4X4) AMBER	16 (4X4) AMBER						
SR15	Storage of Paper Records	Associate Medical Director	16 (4X4) AMBER	12 (4X3) AMBER	12 (4x3) AMBER	12 (4X3) AMBER	8(4X2) YELLOW	8(4X2) YELLOW						
SR16	Non-integration of Adverse Event, Risk Management and Complaints Handling	Associate Medical Director	12 (4x3) AMBER	12 (4x3) AMBER	12 (4X3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER						
SR17	Incorrect Patient Contact Details on AdAstra	Head of Service (JG)	15 (3X5) AMBER	15 (3X5) AMBER	15(3X5) AMBER	15 (3X5) AMBER	15 (3X5) AMBER	ARCHIVE						
SR18	Implementation of Strategic Planning Priorities	Head of Service (GB)	20 (5X4) RED	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	20 (5X4) RED	20 (5X4) RED						
SR19	Project Performance Reporting	Head of Service (JG)	16 (4X4) AMBER			6 (3X2) YELLOW	6 (3X2) YELLOW	6 (3X2) YELLOW						