

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 17 JANUARY 2018

INTEGRATION JOINT BOARD RISK REGISTER

1 Recommendations

It is recommended that the IJB:-

- 1.1 Approve the updated risk register
- 1.2 Agree to continue to construct future agendas of the IJB based on the strategic risks.

2 Risk

- 2.1 IJB risk 7 – Integration Joint Board, ensuring that the IJB functions effectively as a leadership board.

3 Background

- 3.1 Management of risk is one of the key responsibilities of the Integration Joint Board. In order to successfully manage risk, members need to be clear what risks are faced and what actions are currently being taken to mitigate or minimise the risk.
- 3.2 The first risk register was developed by the IJB at a workshop session in February 2016 and approved at the IJB meeting on 16th March 2016. The risk register details 11 risks which are aligned to the priorities in the Health and Social Care Partnership Strategic Plan and the first Commissioning Plan.
- 3.3 The themes and priorities were reviewed and revised at a workshop session and the following approved by the IJB on the 30th August 2017

Theme:
Partners within health and social care at individual, professional and community level
Priority 1: Meaningful engagement with all stakeholders to optimise effective planning and use of resources
Priority 2: Developing the support mechanisms that enable people to have improved health and wellbeing
Priority 3: Empowering the workforce
Priority 4: Ensuring quality through safe, effective and sustainable service provision

Theme
The best of health and care for everyone
Priority 5: Reducing inequalities to provide equitable outcomes for our communities
Priority 6: Involving people as partners with early identification, management and appropriate support to promote recovery and achieve their potential
Priority 7: Public protection
Priority 8: Prevention and early intervention to promote healthy lifestyles and resilient communities
Priority 9: Development of services that are fit for the future
Priority 10: The most appropriate and effective use of acute and community resources

- 3.4 There is a need to revise the risk register to ensure it is aligned with the above. Appendix 1 details how the 11 risks now relate to the approved themes and priorities.
- 3.5 At the development session for IJB members in March 2018, further work will be done on the identified risks and the appetite for risk going forward.
- 3.6 The Chief Officer & Chief Social Work Officer along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments included.

4 Equalities, Staffing and Financial Implications

- 4.1 An Equality Impact Assessment is not required because there are no impacts on the protected characteristics arising from this report
- 4.2 There are no staffing or financial implications arising from this report

Mike Ogg
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Report prepared by: Sheena McIntosh, Strategy and Commissioning Manager
Date: 5 January 2018

Strategic Risk Register as at 27th January 2016

ID	Risk Title	Description	Risk Category	Context and/or Impact	Strategic Priority at Risk	Risk Owner	Handler	Opened	Consequence	Likelihood	Risk level	Controls	Gaps in controls
IJB 1	Sufficiency of resources	The resources available to the Integration Joint Board(IJB) will not be sufficient to deliver services according to strategic intentions	FINANCIAL	Continued austerity will impact on resource availability National political agendas will, to an extent, determine resource allocation Rising public expectations about the quality and availability of a wide range of services may increase costs	1,2,3,8,10	Chief Officer	Senior Management Team (SMT)	1-Mar-2016	Moderate	Likely	High	Robust financial planning and monitoring Investment in preventative and early intervention work Training for staff in budget management. Redesign and modernisation of services.	National political decisions that affect the budget available to the IJB cannot always be foreseen
IJB 2	Health and social care policy	National and local policy are not well aligned	LEGAL AND GOVERNANCE	Some health policies are determined nationally, with limited scope to shape locally Legislation about social work services guides much of what social work does Aligning local and national policy may affect the prioritisation that we might wish to apply locally	1,2,3,8,10	IJB	Chief Officer	1-Mar-2016	Moderate	Unlikely	Medium	Effective 'horizon scanning' to identify national strategic direction through the engagement of politicians, NHS Board non-executive members and officers in national networks and groups Lobbying national politicians to influence policy Contributing to national consultations when policy and strategy is being created	Some national contracts, e.g. GP contracts are outwith our direct control The economic situation within the north east is volatile and outwith our direct control
IJB 3	Workforce capacity	The workforce is not adequate in number and/or skills to deliver services as strategically planned	WORKFORCE	High local employment makes recruitment in some areas difficult Aberdeenshire is an expensive place to live Perception of 'central belt preference' for some specialities or research	4,5,6,7,8,9	Chief Officer	SMT	1-Mar-2016	Moderate	Likely	High	Offer the workforce benefits associated with good working conditions and positive work/life balance Maintain professional and productive relationship with Trade Unions Inform and influence higher education establishments Utilise a variety of recruitment methods Develop a comprehensive workforce plan	Some national contracts, e.g. GP contracts are outwith our direct control The economic situation within the north east is volatile and outwith our direct control
IJB 4	Service capacity/Business Transformation	Services will not be able to be delivered in a way that is fit for the future, with regard to budgets and workforce	BUSINESS AND ORGANISATIONAL TRANSFORMATION	Staff morale is affected by change. The impact of change on workloads and work practices may be perceived rather than real but this still needs to be addressed. Some employees have yet to be fully convinced that the integration of health and social care will deliver better outcomes for people. Demographic change is likely to mean that maintaining some services at current levels may be all that can be achieved in the immediate future	1,3,10	Chief Officer	SMT	1-Mar-2016	Major	Unlikely	Medium	Have in place a set of clear operational plans with SLT commitment and support. Carry out effective evaluation of the quality of services Continue to be a learning organisation, learning from other Partnerships and areas Liaise with external scrutiny and inspection bodies and consider their recommendations Give due regard to the views of people who use services and their unpaid carers	It is not possible to convince the entire population of the need for change
IJB 5	Adherence to data legislation	Sensitive personal data will be made available to unauthorised people. System controls and/or professional decisions do not allow data to be shared	DATA PROTECTION AND SECURITY	The right care at the right time may not be able to be offered if practitioners do not have all the information they need to know. There is a risk to public safety if information about people who pose a risk to others is not shared. The public are not always clear about who has access to what information and may make incorrect assumptions about this	1,2,3,4,6,8,9,10	Data Controller	SMT	1-Mar-2016	Moderate	Likely	High	There is an established group considering the systems checks and balances that require to be in place There is investment in technical solutions to improve secure data sharing Protocols including an Information Sharing Protocol are being developed There is mandatory training for staff at levels appropriate to their role	In some professions there is a cultural view of the propriety of data sharing and a lack of confidence in controls Some professions control the data they hold and do not make it available to other professionals
IJB 6	Public communication and engagement	People will not be motivated to take responsibility for their own health and wellbeing or to help to develop community solutions	SOCIAL	People may not see the important or necessity of changing their health related behaviour until they become unwell Some areas have a greater proportion of people who are interested and willing to get involved than do others	4,7	IJB	SMT	1-Mar-2016	Major	Possible	High	Resources are being invested in preventative work and in actively building community capacity Communities both geographical and communities of interest have been consulted about the strategic plan Locality plans that have a high input from local people will be produced	It is difficult to effect mass change in population beliefs and actions without other lever such as an legislation and media backing
IJB 7	Integration Joint Board	The IJB does not function effectively as a leadership board	PARTNERSHIP	The IJB is a new Board with responsibilities that may be new and possibly unfamiliar to some members. Members have to fit in their new role along with existing workloads. Membership can change rapidly	1,6,7,8	IJB	IJB	1-Mar-2016	Major	Unlikely	Medium	Board members have a programme of development and information sessions and they contribute to this programme Board members are expected to have defined knowledge, skills and experience that they bring to the Board Agenda setting contributes to effective workload planning for members NHS Grampian and Aberdeenshire Council offer practical support and guidance from corporate services. Effective Induction Materials.	Selection of Board members happens through a process that the IJB does not control. Other factors may change partnership.
IJB 8	Working with partner organisations	The Council, NHS Grampian, the Third Sector and commercial providers do not work effectively together	PARTNERSHIP	The IJB requires constructive joint working in order to offer choice to people and to have sufficient capacity to deliver services. Achieving significant change across all sectors, with all working towards the same objective, is a very considerable leadership challenge. The IJB requires partners to work together so that resources - funding and workforce - are available	1,2,3,4,5,6,7,8,9,10	IJB CEOs of NHS Grampian and Aberdeenshire Council Political Leaders	CEOs of NHS Grampian and Aberdeenshire Council Political Leaders	1-Mar-2016	Major	Unlikely	Medium	Full, shared agreement about the Christie principles Effective communication Alignment of strategic plans Market facilitation strategies The CE of the Third Sector interface is a member of the Strategic Planning Group. Robust governance arrangement.	Partner organisations have priorities from work in other areas that may conflict with the IJB's strategic intention Individuals with firmly held views may be difficult to influence

Strategic Risk Register as at 27th January 2016

ID	Risk Title	Description	Risk Category	Context and/or Impact	Strategic Priority at Risk	Risk Owner	Handler	Opened	Consequence	Likelihood	Risk level	Controls	Gaps in controls
UB 9	Child Protection	Employees working in adult and children's services may not work together effectively to protect children from harm	PARTNERSHIP	The integration of health and social care in Aberdeenshire means that adults and children's services are managed separately. However, adult behaviour is the single biggest contributor to child harm. The 'toxic trio' of substance misuse, domestic abuse and mental health problems is an indicator of the potential for child harm		UB	SMT Chief Social Work Officer (CSWO) Head of Children's Services	1-Mar-2016	Major	Possible	High	The development of a formal mechanism for the CSWO and SLT to share information and agree approach Mandatory staff training in child protection at levels suitable for their role Public knowledge and understanding of the signs of child abuse and where to go for help Knowledge of other agencies, such as housing providers, about the routes for help Systematic adverse incident review processes	
UB 10	Service standards	Services will not be delivered at a standard that is acceptable to people who use services and their unpaid carers	OPERATIONAL	Although operational management risks are owned by the SLT, the IJB will be judged on both strategic and service achievements.	4,7	Chief Officer	SMT	1-Mar-2016	Moderate	Almost certain	High	Performance measurement and management arrangements are being developed Operational risk plans will be developed Managers have induction and ongoing training in performance management systems and are skilled in staff management Health and social care services currently have complaints systems Managers engage in benchmarking activities	There are two separate systems for dealing with complaints There are separate professional governance standards which, though different, should not be contradictory
11	Public Protection	The three components of Public Protection are delivered by operational units (child, adult, MAPP)	OPERATIONAL	Arrangements for Public Protection are inadequate and harm may arise in any group	2,4,5,8,9 4,7	Chief Officer	SMT	1-Mar-2016	Major	Possible	High	Development of robust Public Protection arrangements within IJB and within Council and NHS	

IJB Risk	Strategic Priority at Risk			
Sufficiency of resources	Priority 1: Meaningful engagement with all stakeholders to optimise effective planning and use of resources.	Priority 2: Developing the support mechanisms that enable people to have improved health and wellbeing.	Priority 3: Empowering the workforce.	Priority 8: Prevention and early intervention to promote healthy lifestyles and resilient communities.
Health and social care policy	Priority 4: Ensuring quality through safe, effective and sustainable service provision.	Priority 5: Reducing inequalities to provide equitable outcomes for our communities.	Priority 6: Involving people as partners with early identification, management and appropriate support to promote recovery and achieve their potential.	Priority 7: Public Protection.
Workforce capacity	Priority 1: Meaningful engagement with all stakeholders to optimise effective planning and use of resources.	Priority 3: Empowering the workforce.	Priority 10: The most appropriate and effective use of acute and community resources.	
Service capacity/Business Transformation	Priority 1: Meaningful engagement with all stakeholders to optimise effective planning and use of resources.	Priority 2: Developing the support mechanisms that enable people to have improved health and wellbeing.	Priority 3: Empowering the workforce.	Priority 4: Ensuring quality through safe, effective and sustainable service provision.

Adherence to data legislation	Priority 4: Ensuring quality through safe, effective and sustainable service provision.	Priority 7: Public Protection.		
Public communication and engagement	Priority 1: Meaningful engagement with all stakeholders to optimise effective planning and use of resources.	Priority 6: Involving people as partners with early identification, management and appropriate support to promote recovery and achieve their potential.	Priority 7: Public Protection.	Priority 8: Prevention and early intervention to promote healthy lifestyles and resilient communities.
Integrated Joint Board	Priority 1: Meaningful engagement with all stakeholders to optimise effective planning and use of resources.	Priority 2: Developing the support mechanisms that enable people to have improved health and wellbeing.	Priority 3: Empowering the workforce.	Priority 4: Ensuring quality through safe, effective and sustainable service provision.
Working with partner organisations	Priority 1: Meaningful engagement with all stakeholders to optimise effective planning and use of resources.	Priority 2: Developing the support mechanisms that enable people to have improved health and wellbeing.	Priority 6: Involving people as partners with early identification, management and appropriate support to promote recovery and achieve their potential.	Priority 10: The most appropriate and effective use of acute and community resources.

Child Protection	Priority 4: Ensuring quality through safe, effective and sustainable service provision.	Priority 7: Public Protection.		
Service standards	Priority 2: Developing the support mechanisms that enable people to have improved health and wellbeing.	Priority 4: Ensuring quality through safe, effective and sustainable service provision.	Priority 5: Reducing inequalities to provide equitable outcomes for our communities.	Priority 8: Prevention and early intervention to promote healthy lifestyles and resilient communities.
Public Protection	Priority 4: Ensuring quality through safe, effective and sustainable service provision.	Priority 7: Public Protection.		

<p>Priority 10: The most appropriate and effective use of acute and community resources.</p>					
<p>Priority 8: Prevention and early intervention to promote healthy lifestyles and resilient communities.</p>	<p>Priority 9: Development of services that are fit for the future.</p>				
<p>Priority 6: Involving people as partners with early identification, management and appropriate support to promote recovery and achieve their potential.</p>	<p>Priority 8: Prevention and early intervention to promote healthy lifestyles and resilient communities.</p>	<p>Priority 9: Development of services that are fit for the future.</p>	<p>Priority 10: The most appropriate and effective use of acute and community resources.</p>		

Priority 5: Reducing inequalities to provide equitable outcomes for our communities.	Priority 6: Involving people as partners with early identification, management and appropriate support to promote recovery and achieve their potential.	Priority 7: Public Protection.	Priority 8: Prevention and early intervention to promote healthy lifestyles and resilient communities.	Priority 9: Development of services that are fit for the future.	Priority 10: The most appropriate and effective use of acute and community resources.

Priority 9: Development of services that are fit for the future.					