

**Title/Subject:** Strategic Risk Register

**Meeting:** Integration Joint Board

**Date:** 3 June 2016

**Submitted By:** Chief Officer

**Action:** For Decision

## **1. INTRODUCTION**

- 1.1 The purpose of this report is to provide Integration Joint Board members with a Strategic Risk Register (SRR) for approval.

## **2. RECOMMENDATION**

The Integration Joint Board is asked to:

- 2.1 approve the Strategic Risk Register at Appendix 1
- 2.2 review the Strategic Risk Register as part of the Integration Joint Board's broader governance arrangements
- 2.3 note that (as agreed in March 2016) Risk Management Training will be included within the Board Development Programme
- 2.4 note that, whilst assurance can be provided that the Strategic Risk Register reflects current risks, the risk landscape and governance structures are still developing, and therefore, the Strategic Risk Register will continuously evolve.

## **3. BACKGROUND**

- 3.1 The Integration Joint Board approved the Risk Management Strategy in March 2016, and agreed that a Strategic Risk Register be developed by June 2016.
- 3.2 The Joint Management Group undertook a Risk Workshop in March 2016, which provided the basis for the Strategic Risk Register. This was further developed, and assurance provided, by the Lead Officers for each risk.
- 3.3 The Strategic Risk Register is the mechanism for assessing and monitoring the Integration Joint Board's strategic risks, i.e. the risks to achieving the Integration Joint Board's Strategic Plan and Local Recovery Plan.

## **4. CONCLUSIONS**

- 4.1 The Strategic Risk Register (at Appendix 1) outlines the key risks to achieving the Integration Joint Board's Strategic Plan and Local Recovery Plan; though the risk landscape and governance structures will continuously evolve.

### **Resource Implications**

The delivery of the Strategic Plan, and effective management of the associated risks, will be dependant on the continued resource commitment of partner organisations.

### **Impact on Integration Joint Board Outcomes and Priorities**

The key risks are failure to effectively identify and manage the risks to achieving the outcomes and priorities detailed within the Integration Joint Board's Strategic Plan and Local Recovery Plan.

### **Legal and Risk Implications**

The key risks are failure to effectively:

1. implement the Risk Management Strategy effectively.
2. identify and assess risks to delivering the Integration Joint Board's Strategic Plan and Local Recovery Plan.
3. meet the commitments made within the Integration Scheme.

### **Consultation**

The Strategic Risk Register has been developed through consultation with the Chief Officer, Forth Valley Programme Board, and Joint Management Group.

### **Equality and Human Rights Impact Assessment**

None.

### **Exempt reports**

None.

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Approved for Submission by: Patricia Cassidy, Chief Officer

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**Date:** 24 May 2016

**List of Background Papers:**

*Risk Management Strategy, March 2016*

This paper relates to  
Agenda Item



## APPENDIX 1: FALKIRK HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER

Risk Type	Risk Title / Description	Current Risk Score	Lead Officer
<b>SHORT-TERM PRIORITIES: SIGNIFICANT INTEGRATION UNCERTAINTIES / CHALLENGES</b>			
<b>1 Financial and Operational</b>	<b>Financial Stability and Commissioning</b> (including sustainable capacity across all sectors, and co-location / sharing of teams and assets)	<b>High</b>	<b>Chief Finance Officer</b>
<b>Risks</b>	<ul style="list-style-type: none"> <li>a) Current projected overspend within in-scope social care services of c£2.0m</li> <li>b) Delivery of 16/17 saving programmes</li> <li>c) Full year effect of implementing Living Wage</li> <li>d) Delivery of the relevant elements of NHS Scotland Outcomes Framework within reduced resources</li> <li>e) Continued uncertainty relating to some Scottish Government allocation where the delivery of outcomes will lie within functions delegated to the IJB</li> <li>f) Delivery of Alcohol and Drug services within reduced financial envelope</li> <li>g) Potential recurrent shortfall relating to investment of Partnership Funding Streams</li> <li>h) Implementation of major service redesign and significant service change</li> </ul>		
<b>Controls / Actions</b>	<ul style="list-style-type: none"> <li>a) Establish leadership group and agree membership and terms of reference</li> <li>b) Draft Financial Recovery Plan for Integration Joint Board for approval on 3 June 2016</li> <li>c) Establish financial reporting arrangements including operational reporting to Chief Officer and quarterly reporting to Integration Joint Board based per terms of Integration Scheme</li> <li>d) Establish savings monitoring arrangements</li> <li>e) Establish protocols for variations of budgets and directions</li> <li>f) Monitor Scottish Government and COSLA approach / policy on Living Wage and relationship to Integration Joint Board</li> <li>g) Review and assess deliverability of savings and efficiency programmes</li> <li>h) Facilitate an Integration Joint Board development session on financial issues by 3 June 2016</li> <li>i) Review and agree relationship with Alcohol and Drugs partnership including financial plan and impact on outcomes.</li> <li>j) Produce and agree evaluation of impact and outcomes from investment of Partnership Funding Streams and agree investment plan for 2016/17 and 2017/18</li> <li>k) Develop financial strategy to compliment and support delivery planning that to implement Strategic Plan</li> <li>l) Examine options and appraisal and prioritisation approaches such as PBMA (Programme Budgeting and Marginal Analysis - a prioritisation tool to aid decision making) and their relevance and applicability to the challenges faced by the partnership</li> </ul>		

2 Governance	Leadership, Decision Making and Scrutiny (including effectiveness of governance arrangements and potential for adverse audits and inspections)	High	Chief Officer
Risks	Failure to establish effective governance structures and to implement them effectively. This could result in: a) failing to comply with legislation b) inability to deliver Strategic Plan outcomes c) criticism by audit and inspection bodies		
Controls / Actions	a) Governance Framework has been established – currently in implementation phase b) Establish clear joint management structure arrangements		
3 Clinical and Performance	Performance of the IJB	Low	Chief Officer
Risks	Failure to implement the Performance Management Framework and thus: a) assure the IJB of progress with the delivery of the Strategic Plan b) achieve the legislative requirements in terms of monitoring against the National Outcomes and Core Indicator set		
Controls / Actions	a) Maintain Performance Management Work Stream to drive forward Framework implementation b) Ensure clarity of key priorities within Strategic Plans to ensure focus for the IJB in performance assessment c) Ensure proportionality & use of data wisely d) Work closely with Strategic Planning Group and influence development of realistic measurement e) Minimise duplication and bureaucracy to make performance management and reporting meaningful and realistic Further develop Covalent and use of shared portal to ensure a consistent approach and minimise multiple entry and manual data capture		
MEDIUM-TERM PRIORITIES: HIGH RISKS, BUT ARE CURRENTLY WELL MANAGED BY PARTNERS			
4 Human Resources	Culture / HR Management / Workforce Planning (including developing culture, behaviours, and values; sustainable change skills / capabilities, and absence)	Low	HR Work Stream Lead
Risks	a) The lack of a consistent approach across all partners to workforce planning for the in scope workforce is a potential risk b) Change can unsettle staff and impact on levels of performance: potential that performance reduces, mistakes are made, and absence rates increase c) Negative impact on industrial relations as a result of inadequate communication/ consultation d) Recruitment, retention, and the need to build multi-disciplinary teams		
Controls / Actions	a) Workforce Group established b) Workforce Strategy developed c) Regular communication to staff d) Organisational Development working with staff to support culture change e) Web pages established to communicate key documents f) Regular team meetings		

	<p>g) Joint Staff Forum has been established</p> <p>h) Joint Staff Forum meeting regularly every 2-3 months. Workforce Strategy developed</p>
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5 Partnerships	Experience of a) Service User and b) Unpaid Carers (including engagement, feedback, and complaints. Key challenges: measuring and evidencing change)	High	Participation and Engagement Work Stream Lead
Risks	a) Fail to engage adequately and fully with stakeholders, in particular those harder to reach groups b) Fail to adequately plan and delivery services as a result of limited communication, engagement and participation with stakeholders c) Fail to take into account the needs of stakeholders d) Fail to have identified lead who can develop and follow through Participation and Engagement Strategy		
Controls / Actions	a) Service users, carers, staff and the Third sector are members of the Integration Joint Board and the Strategic Planning Group b) Participation and Engagement Strategy in place – and an Action Plan is being developed c) IJB report template includes sections on Consultation and Equalities Assessment, which ensures that the Board are aware of the extent of this is any reports where decisions are being taken d) Equality and Poverty Impact Assessment will be completed where required e) Equality Outcomes and Mainstreaming Report produced f) A range of mechanisms and groups are in place to enable participation and engagement including staff engagement sessions, Joint Staff Forum, the Older People's Forum, Carers Forum, Community Care Health Forum (CCHF) g) A range of communication arrangements are in place including staff newsletters, articles in the Falkirk News, local newspapers, Health and Social Care web-pages h) Complaints and monitoring reports are produced i) Identify Lead Officer for Falkirk Participation and Engagement group j) Look at ways of broadening representation of different groups		

6 Information	a) <b>Information Management and b) Governance</b> (including a) ICT systems / infrastructure; and b) Data protection and data sharing)	<b>High</b>	<b>Lead Officer – Information</b>
<b>Risks</b>	<ul style="list-style-type: none"> <li>a) Risk of increased demand for areas of provision (e.g. closer to home) and lack of resources (both capacity and capability covering health &amp; social care combined)</li> <li>b) Risk of lack of common information provision across council social work areas (e.g. three councils data recording provision and rules differ combined with lack of reporting outputs from three council areas)</li> <li>c) Inability to provide the HSCIDIIP (Health and Social Care Data Integration and Intelligence Project) dataset from council areas for national data reporting</li> <li>d) NSS LIST (National Services Scotland Local Intelligence Support Team) resource ceases to be funded centrally</li> <li>e) Risk of development plans not being a clear priority across four partners, to enable Portal project to be delivered on time</li> <li>f) Clarity on the Funding and Support Model for Clinical Portal Programme</li> <li>g) Agreement of appropriate of ISPs (Information Sharing Protocols) and SLAs (Service Level Agreements) being in place for data sharing</li> <li>h) Risk of technical solution to meet cross-site authentication will not meet user requirements or expectations</li> <li>i) Risk of potential ongoing technical and legal issues in relation to access to information across all partners</li> </ul> <p>Risk Outlook: As time goes on and controls / systems are put in place, the technical risk may lessen – but the issues of data sharing and information governance will still remain, as the IJB's scope and their partners' change , including partnerships with the private and / or third sector</p>		
<b>Controls / Actions</b>	<ul style="list-style-type: none"> <li>a) Closer to home risk, getting temporary MSc student over summer and three year PhD student working on this evaluation studies starting September. Additional resources may be required</li> <li>b) Carrying out study of processes for delayed discharges across three Councils during summer. This will encompass definitions and recording practices. Other data recording provision being considered by NSS LIST (National Services Scotland Local Intelligence Support Team)</li> <li>c) Will do local record linkage and report provision, piloting with Falkirk council and continue with others as possible</li> <li>d) Build in-house information teams with sufficient permanent resource to carry out functions</li> <li>e) Robust project management for portal project once funding approved</li> <li>f) Robust discussions with both IJB fund holders - taken forward via joint data protection officers group</li> <li>g) Manage user expectations to fit with what is technically possible</li> </ul>		

LONG-TERM PRIORITIES			
7 Partnerships	Effective Links with Other Partnerships (e.g. Community Planning, Third and Voluntary sectors, Criminal Justice, and Housing)	Low	Chief Officer
Risks	There is a risk of lack of cohesive planning between partners. This could lead to ineffective use of staff resources, and potential failure to meet Strategic outcomes.		
Controls / Actions	Links are currently established with partners, including: a) Criminal Justice Authority (CJA) and Community Planning Partnership (CPP) (note: these are Statutory links) b) Alcohol and Drugs Partnership (ADP) and Public Protection fora c) Third and Independent Sectors – representation as appropriate at IJB and Strategic Planning Group d) Other Integration Authorities – via the Chief Officer and Chief Finance Officer Networks		
8 Harm and Public Protection	Self-Management / Independent Living (including the effectiveness of prevention activities and support for unpaid carers); and  Safety of a) Patients and Service Users, Staff and Volunteers, and c) Unpaid Carers (including harm and Public Protection issues, e.g. disease)	Low	Chief Social Work Officer and Medical Director
Risks, Controls, and Actions	The risks will be reviewed further between partner organisations – as part of developing the IJB’s broader clinical and care governance arrangements.		
ADDITIONAL NOTES			
1 Culture, Values, and Behaviours	These permeate throughout all risks above. The risk involves failure to appreciate differences and work towards and enabling a shared culture.		
2 Risk Type and Outcomes	All risks affect multiple National and Local Outcomes. Falkirk Joint Management Group also suggested that Lead Officers may, in future, also want to consider mapping risks to priorities.		
3 Impact / Consequences	The consequences / impacts of each risk can be multiple – including reputation, harm, and financial. The Risk Scoring Guidance (which will be provided to Lead Officers) should assist in assessing impact.		