**Falkirk
Health and Social Care
Partnership**

Title/Subject:	**Strategic Risk Management Report**
Meeting:	**Integration Joint Board**
Date:	**6 October 2017**
Submitted By:	**Head of Performance and Governance, NHS Forth Valley**
Action:	**For Decision**

1   INTRODUCTION

1.1   The purpose of this report is to provide members of the Integration Joint Board (IJB) with an annual Risk Management report and updated Strategic Risk Register for approval.

2   RECOMMENDATIONS

The members of the IJB are asked to:

2.1   approve the revised Strategic Risk Register as noted in Appendix 1 and 2

2.2   note that IJB Risk Management Strategy and Risk Register will be reviewed during 2017/18 to ensure it aligns with corporate risk, performance and budget setting arrangements and takes cognisance of the IJB and Forth Valley arrangements

2.3   note an improvement plan will be developed following this review

2.4   note the work that is being undertaken to benchmark and develop good risk management practices in conjunction with risk advisors and other IJBs.

3   BACKGROUND

3.1   The members of the IJB have previously approved the revised Falkirk IJB Risk Management Strategy in March 2017 and agreed this will be reviewed every 2 years.

3.2   In addition the IJB has:
   ▪ attended a Risk Awareness Training session, facilitated by Malcolm Patterson of Gallagher Bassett in November 2016, as part of the Board's Development programme
   ▪ agreed the 2017/18 risk management priorities in March 2017

- agreed in March 2017 that a Risk Management Improvement Plan would be developed by October 2017, to measure how effectively the Risk Management Strategy is being implemented in the medium to long-term
- agreed that Lead Officers, as part of the IJBs broader governance and performance arrangements, will provide quarterly Strategic Risk Register updates to:
  - o Leadership Team for monitoring of the risks and controls / mitigation
  - o IJB Audit Committee for scrutiny and assurance on the risk framework
  - o IJB Board for approval of the Strategic Risk Register.

4   RISK MANAGEMENT REPORT

Strategic Risk Register

4.1   The IJB's Strategic Risk Register was reviewed by Lead Officers. As a result of this work they have identified new and emerging risks, controls and additional actions.

4.2   The revised Risk Register was considered and agreed by the Leadership Team in September 2017.

4.3   In addition to the Strategic Risk Register, each partner monitors corporate and operational risks – including risks to safety, projects, and budgets. Partners will escalate risks within the IJB's responsibility to the Leadership Team and IJB as appropriate.

4.4   Further work will be undertaken to cross-reference strategic risks to relevant mitigation plans and performance reporting arrangements. This will ensure that it reflects the IJBs evolving risk profile. The aim is that the Strategic Risk Register is integrated with performance reporting arrangements, where appropriate.

4.5   The IJB is asked to approve the revised IJB Strategic Risk Register at Appendix 1 and 2.

IJB Short-Life Risk Management Group

4.6   The IJB's risk advisors are participating in a short-life IJB Risk Management Group, co-ordinated by ALARM (the Association of Local Authority Risk Managers). This includes participation from a wide range of IJB risk advisors from both NHS and Local Authority backgrounds.

4.7   This group will be helpful in developing good risk management practice, and the outcomes will inform the IJB Risk Management Improvement Plan. This will be reported to the IJB Audit Committee.

5   CONCLUSIONS

5.1   The Strategic Risk Register has been refreshed to reflect the IJB's current risk profile and further work will be undertaken during 2017/18 to ensure that the risks identified reflect each partner's corporate risks and changing responsibilities.

5.2   The Strategic Risk Register will be cross-referenced to relevant plans and performance reports to ensure there is effective assurance and minimal duplication.

5.3   The Risk Management Strategy will be reviewed to ensure that it is effectively integrated with performance and governance arrangements.

5.4   A Risk Management Improvement Plan will be developed during 2017/18 and this will take account of good practice in other Integration Joint Board's.

5.5   Regular Risk Management updates will be provided to the IJB Audit Committee.

5.6   The IJB's risk profile and performance arrangements will continuously evolve.

Resource Implications
The embedding of risk management arrangements 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 achieve the outcomes and priorities detailed within the Strategic Plan and other plans.

Legal & Risk Implications
The key risks are failure to effectively:
▪ implement the Risk Management Strategy
▪ identify and assess risks to delivering the Integration Joint Board's Strategic Plan, Local Delivery Plan, and other plan(s)
▪ meet the commitments made within the Integration Scheme
▪ mitigate the potential impact on Falkirk Council and / or NHS reputational risks
▪ align risk and performance arrangements.

Consultation
Lead Officers reviewed both the current Strategic Risk Register, and new and emerging risks. This report was considered by the Leadership Team in advance of the IJB.

Equality and Human Rights Impact Assessment
None.

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Approved for submission by: Patricia Cassidy, Chief Officer

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          Elaine Vanhegan, Head of Performance & Governance, NHS Forth Valley

Date: 26 September 2017

List of Background Papers:

1. Falkirk Integration Joint Board's Risk Management Strategy, March 2017
2. Falkirk IJB's Strategic Risk Register Updates, October 2016 and March 2017

IJB STRATEGIC RISK REGISTER – SUMMARY

IJB Risk Philosophy	"The partnership is able to identify, manage and <u>tolerate</u> risk, and <u>staff are supported</u> in being able to work in different ways, to <u>support personal outcomes</u>" *Source:* Integrated Strategic Plan 2016 – 2019
IJB Risk Statement	The overall risk is that the IJB fail to achieve their Strategic Plan commitments, because they fail to address the challenges below (or maximise opportunities). Strategic Planning and Change management needs to be underpinned by governance arrangements.
Culture, Values, and Behaviours	These permeate throughout all risks below. The risk involves failure to appreciate differences and work towards and enabling a shared culture.

Key: no change in risk rating ⬅➡   **reduced risk rating** ⬇

	Risk Category	Key Risks / Issues*	Lead Officer / Group	Risk Rating		
				Current	**Target**	**Change**
1	Financial and Planning	Financial Stability and Commissioning	Chief Finance Officer	High	High	⬅➡
2		Service Demand	Chief Finance Officer	High	Low	⬅➡
3	Governance	Leadership, Decision Making, and Scrutiny	Chief Officer	High	High	⬅➡
4		Effective Links with Partnerships		High	Low	⬅➡
5		Performance – Service User Outcomes	Performance Work Stream	High	Low	⬅➡
6		Information Management (sharing data securely)	Data Sharing Partnership	High	High	⬅➡
7	People: Balancing Safety, Public Protection, and Enablement	Harm to Vulnerable People Public Protection Clinical Care Governance	Chief Social Work Officer and Medical Director	High	Low	⬅➡
8		Experience of a) Service User and b) Unpaid Carers	Programme Manager	Medium	Medium	⬇
9		Self-Management / Independent Living	Community Services Directorate, General Manager and Head of Social Work Adult Services	High	Medium	⬅➡
10	HR and Transformation	Culture and Workforce Planning (bringing Services together)	HR Work Stream	High	Low	⬅➡

IJB STRATEGIC RISK REGISTER – DETAILS

Risk No.	Risk	Current Risk	Target Risk
1	**Financial Stability and Commissioning** (including sustainable capacity across all sectors, co-location / sharing of teams and assets)	High	High

Risk Description	a) Current projected overspend within NHS Forth Valley, with financial risks emerging for Falkirk Council Adult Social Care also. b) Significant and ongoing pressures emerging in areas such as Prescribing c) Delivery of 16/17 & 17/18 saving programmes and beyond d) Delivery of the relevant elements of NHS Scotland Outcomes Framework within reduced resources e) Continued uncertainty relating to some Scottish Government allocations where the delivery of outcomes will lie within functions delegated to the IJB f) Delivery of Alcohol and Drug services within reduced financial envelope g) Potential recurrent shortfall relating to investment of Partnership Funding Streams h) Implementation of major service redesign and significant service change i) Delivery of new Strategic Commissioning Approach
Potential Effect / Worst Case Consequences	The partnership cannot deliver in scope functions and strategic plan priorities within resources available. Reputation risk and failure to deliver sustainable services.

	Action	Status / Target Date	Progress
Controls and Additional Actions	a) Draft Financial Recovery Plan for IJB for approval on 6 October 2017	6 Oct 2017	• Meetings have been held to draft recovery plan • Recovery plan being drafted
	b) Establish savings monitoring arrangements	In progress	• 1st Stage Complete • Further development required – discussions have been held with colleagues in the Partners to develop this area
	c) Establish protocols for variations of budgets and directions	In progress	• Linked to drafting recovery plan – issues around accountability & ownership need to be improved. This links to the transfer of operational responsibility
	d) Review and assess deliverability of savings and efficiency programmes	Ongoing	• Further development required – discussions have been held with colleagues in the Partnership to develop this area • The pressure in this area is expected to increase with 2018/19 expected to be very problematic • Colleagues in both partnerships have begun to assess and develop savings programmes

			which will need to be approved by the IJB
	e) Facilitate an IJB development session on financial issues	In progress	• A session is being developed by NHS colleagues
	f) Review and agree relationship with Alcohol and Drugs Partnership (ADP) including financial plan and impact on outcomes	Ongoing	• Chief Officers invited to ADP • Dialogue has been held with staff involved in ADP • The ADP will present to a meeting of the IJB
	g) Produce and agree evaluation of impact and outcomes from investment of Partnership Funding Streams and agree investment plan for 2017/18	Ongoing	• Investment plans to date have been agreed • This work is being overtaken somewhat by Strategic Commissioning work to ensure that we are targeting these resources appropriately
	h) Produce an action plan for delivery of the new Strategic Commissioning process, in compliance with existing Government structures		• Strategic Commissioning Group established • Thematic links in place • Ongoing dialogue with Clackmannanshire & Stirling Partnership • Engagement event held with Third Sector
	i) Develop financial strategy to compliment and support delivery planning, and to implement Strategic Plan	Ongoing	• A Medium Term Financial Strategy will need to be developed within the next 6-9 months
Lead / Managed By	Chief Finance Officer		
Latest Notes	08 September 2017: Updated by the Chief Finance Officer.		

Risk No.	Risk	Current Risk	Target Risk
2	**Service Demand**	High	Low

Risk Description	There is a risk of a lack of effective demand planning, monitoring, and co-ordination amongst partners. This could result in gaps in resources (including financial, workforce, asset, and information resources) to meet the needs of Service Users.
Potential Effect / Worst Case Consequences	The consequences could include over / under capacity, poor outcomes, harm, financial costs, inefficiency, reputational damage, and criticism by audit and inspection bodies.

Controls and Additional Actions	Action	Status / Target Date	Progress
	a) Demand planning will need to be embedded within various strategies and work plans - including financial, workforce, asset, information resources, and service planning.	31 March 2018 In Progress	• This area will be picked up as part of the MTFP work and on an ongoing basis • Data is readily available on what demand has been. We need to assess how good our data is on future demand • Work is progressing in some areas – for example some transformational change in Primary Care Out of Hours which looks at how we can meet future demand. A business case is being developed in this area
	b) Budget savings workshops held and LIST analyst work	In Progress	• This requires to further develop in respect of medium term delivery planning and financial strategy
	c) SDS and Eligibility criteria under review	In Progress	• Work is ongoing on the Self Directed Support (SDS) area • Eligibility criteria work is well underway with changes due to be implemented from Oct 2017
	d) HSCP is working with Healthcare Improvement Scotland to take forward work on understanding our system mapping to better understand the integrated system across health, social care, Third and Independent sectors	In Progress	• This work has commenced with a significant amount of mapping work undertaken • Meetings have been held to look at how this is taken forward in a focussed way to deliver maximum impact
	e) Prepare for the implementation of the Carers Act	1 April 2018	• Falkirk Carers Act Implementation Group established • Regular reports are presented to the IJB

Lead / Managed By	Chief Finance Officer
Latest Notes	08 September 2017: Updated by the Chief Finance Officer.

Risk No.	Risk	Current Risk	Target Risk
3	**Leadership, Decision Making and Scrutiny** (including effectiveness of governance arrangements and potential for adverse audits and inspections)	High	High

Risk Description	Failure to establish effective governance structures and to implement them effectively. This could result in failing to comply with legislation and the inability to deliver Strategic Plan outcomes, and criticism by audit and inspection bodies.
Potential Effect / Worst Case Consequences	The partnership is ineffective and cannot deliver its strategic plan, which could result in harm, legal action, and audit / inspection criticism.

	Action	**Status / Target Date**	**Progress**
Controls and Additional Actions	a) Governance Framework has been established – currently in implementation phase	Ongoing Implementation	• Governance work stream completed key actions on work plan on schedule • Outstanding action re scheme of delegation proposal included in October IJB papers
	b) Establish clear joint management structure arrangements	Ongoing Implementation	• Leadership Team established and has been meeting since April 2016 • Extended arrangements outlined in paper to October 2016 IJB meeting • Draft integrated structure and timeline for implementation is under discussion. • Executive Director of Nursing is leading work from NHS Forth Valley • Report back due to IJB
	c) The Leadership Group to continuously review the respective Partner organisations risk management strategies to ensure they are aligned to HSCP risk management strategy	Ongoing Implementation	• Updates to the risk register reviewed at Leadership Team
	d) Ensure alignment between the Leadership Team and the current arrangements for Clinical and Professional support with NHS Forth Valley	Ongoing Implementation	• The arrangements for Clinical Care and Governance are under review with the Medical Director and Chief Social Work Officer

Lead / Managed By	Chief Officer
Latest Notes	15 September 2017: Updated by the Chief Officer

Risk No.	Risk	Current Risk	Target Risk
4	**Effective Links with Other Partnerships** (e.g. Community Planning, Third and Voluntary sectors, Criminal Justice, and Housing)	Medium	Low
Risk Description	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.		
Potential Effect / Worst Case Consequences	The partnership is ineffective and cannot deliver its strategic plan, which could result in harm, legal action, and audit / inspection criticism.		

	Action	Status / Target Date	Progress
Controls and Additional Actions	Links are currently established with partners, including: a) Criminal Justice Authority (CJA) and Community Planning Partnership (CPP) (note: these are Statutory links) a) Alcohol and Drugs Partnership (ADP) and Public Protection groups b) Third and Independent Sectors – representation as appropriate at IJB, Strategic Planning Group, Partnership Funding Group and thematic groups such as Participation and Engagement Group c) Other Integration Authorities – via the Chief Officer and Chief Finance Officer Networks d) Council services and links to Children's Services and Housing services e) Transitions Group established extend to progress strategic and operational arrangements between Social Work, health and wider partners to support young people transitioning between services	Ongoing Review	• Chief Officer is a member of the CPP Executive Group • IJB has agreed the Board representative on the CPP Strategic Board • Chief Officer is a member of the Community Justice Partnership • IJB Strategic Plan is embedded in SOLD plan and joint planning mechanisms are in place • Third sector are represented on the IJB • There are Third and independent Sector representatives on the Strategic Planning Group • The Third and Independent sectors actively participate in Partnership Funding Group (sub-group of Strategic Planning Group) and thematic groups • Transitions Group has been established • Housing Contribution Group established and action plan agreed. Group chaired by Housing Services and has representation from housing, social work, health and RSL's (Registered Social Landlords) • Chief Officer or other relevant representatives are members of Forth Valley wide thematic groups e.g. Performance, Data Sharing Partnership
Lead / Managed By	Chief Officer		
Latest Notes	08 September 2017 - Updated by the Programme Manager.		

Risk No.	Risk		Current Risk	Target Risk
5	**Performance of the IJB**		High	Low

Risk Description	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

Potential Effect / Worst Case Consequences	The Board is unable to evidence progress or challenge in delivery of the Strategic Plan or National outcomes.

Controls and Additional Actions	**Action**	**Status / Target Date**	**Progress**
	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 f) Further develop Covalent and the shared portal to ensure a consistent approach to reporting that will also minimise multiple entry and manual data capture g) Develop local priorities and targets for submission and quarterly reporting to the Ministerial Strategic Group (MSG)	Ongoing	Strategy map developed linking key outcomes in strategic Plan to measures. Performance Report to IJB presents performance by local outcomes from Strategic Plan. The performance work stream continues to develop the performance reporting framework aligned to the strategic plan. This includes the further development of trajectories submitted against the Ministerial Strategic Group priority objectives. Clinical and Care Governance Oversight Group established and developing A strategic planning audit is underway as part of the internal audit plan. The report will go to the Audit committee in December 2017. Performance workstream in place. Covalent Portal in place. Performance reporting to IJB in place and developing exception reporting. The first annual report produced used national indicators. The data for these indicators is provided centrally by ISD.

Lead / Managed By	Performance Work Stream Lead
Latest Notes	15 September 2017: Updated by the Chief Officer

Risk No.	Risk	Current Risk	Target Risk
6	**Information Management and Governance**	High	High

Risk Description	There is a risk that the Integration Joint Board has insufficient information assets and governance arrangements to provide the right people, with the right information, when required. This includes potential weaknesses in: a) **Information and Communications Technology (ICT)** – such as systems / infrastructure: There is a risk that the IJB lacks the technical ability to share information effectively across the partnership. This could be because e.g. ICT assets are not sufficient, sustainable, secure, or fit for purpose. This includes potential weaknesses in asset and resource planning, business continuity, or security. b) **Information Governance** There is a risk that the IJB's Information Governance arrangements (i.e. how we share information) are unclear or poorly embedded. This could result in the IJB failing to meet its legal duties, or not preparing sufficiently for changing regulations, e.g. data protection and records management. c) **Information Management Strategy and Demand Planning** (ICT and IG risks) There is a risk that information specialists are not clear what the IJB's priorities are, which may mean that they are unable to effectively plan for and meet these needs. Also Forth Valley (FV) partners' information strategies and plans may not be clear, embedded, or effectively aligned with the IJB's priorities. There is also a risk that partners have insufficient resources, capacity, and expertise to deliver the services delivered by the IJB. This includes uncertainties relating to the funding, support, and resources to develop a Clinical Portal, and delays in implementing Support Services Agreements.
Potential Effect / Worst Case Consequences	• A person dies because staff / partners do not have access to timely information • Loss of personal data compromises a person's safety or privacy • Serious data breach, leading to personal harm and / or ICO investigation, legal action, and fines • Injury, illness, and distress to service users, leading to civil claims • Ineffective / inefficient service delivery through failure to join up relevant data • Service delays or interruption, resulting in inefficiency and a lack of best value • Reputational damage, loss of confidence, and intervention by auditors / regulators • Changes are not delivered on time or budget, or do not meet strategic objectives • A lack of expertise / reliance on external expertise, leading to a lack of best value and continuity
Current Controls	**Information and Communications Technology (ICT)** • FV Partners have individual Information Management Strategies, plans, and policies in place. This is supported by Information Management assurance and governance arrangements – including ICT security, audit, self-assessment, and business continuity arrangements • The Data Sharing Partnership (DSP) is well established and members include ICT Managers, the Information Governance Lead, operational managers and Programme Managers

Information Governance (IG)
- The Information Governance (IG) Group is well established and members include IG Managers across the Forth Valley. The Chair also attends the DSP
- Information Sharing Assessment is in place and reviewed by DSP annually
- Information Sharing Agreements are in place between partners – and further work is planned to improve service user consent and staff guidance / procedures

Information Management Strategy and Demand Planning
- Refer to Additional Actions

	Action	Status / Target Date	Progress
Additional Actions	• ICT specialists will undertake further work with the FV DSP Group to identify and better understand the IJB's information priorities, and then develop shared ICT Plans to meet these	Tech Sub Group September 17 ICT Leads October 17	• Review strategic / other plan(s), to identify information requirements, and develop Data Sharing Partnership (DSP) Work Plan / Risk Register. Requirements now drafted for 2017/18. • ICT Leads assessing Technical Solutions and funding requirements • FV DSP is established and meets on a regular basis
	• Improve demand planning, to ensure that there are adequate skills, resources, and capacity to meet the Integration Joint Board's information needs (including assets, budgets, and staff)	Ongoing	• DSP work plan developed as noted above
	• Ensure that partners' Business Continuity arrangements reflect IJB's needs	Ongoing	• Business Continuity Plans and arrangements will continue to be monitored by the respective partners. Any emerging risks will be reported through the Leadership Team
	• Establish an ICT (Infrastructure) Sub Group (consisting of technical leads from the partners) to develop and take forward the initial ICT priorities	Completed	• Initial ICT issues delivered, IT Connections established between Health and Council. Access to key systems in place (MIDIS etc)
	• Ensure access to integration systems are available across the partnership	2017/18	• FV Partners agreed (in December 2016) that a single FV wide information sharing portal is desirable. Business Requirements Phase in progress
	• Develop information sharing portal, and ensure it's adequately funded, prioritised, and resourced by partners	2017/18	• Further work is required to develop appropriate solutions and project work will require be resourced in 2017/18. The detailed scoping and requirements underway as mentioned above

			• Key Single Shared Assessment (SSA) data updated and being exchanged via email
	• Review opportunities for convergence of social care systems	To Be Confirmed	• Council core social care systems are at different stages of procurement and replacement planning. However this presents an opportunity for system alignment across the county recognising the different there will be different timescales and other pressures that need to be addressed • Health Community System requires replacement over next 2 years and likely to follow the national system procurement route which is currently underway
Lead / Managed By	Information Work-stream Lead		
Latest Notes	07 September 2017: Updated by the Information Work-stream Lead.		

Risk No.	Risk	Current Risk	Target Risk
7	**Harm to Vulnerable People / Public Protection / Clinical Care** (including patients and Service users, staff and Volunteers, and c) Unpaid Carers)	High	High

Risk Description	1. A new Medical Director was appointed in February 2017. 2. The Clinical & Care Governance Framework Group has met on 3 occasions. They plan to develop a Risk Register – this is on the agenda for their next meeting on 5 April 2017. 3. The Group have agreed 4 priorities: • Alcohol & Drug Deaths • Suicides • Complaints • Care of Older People They have further agreed that one of each of these 4 themes will be reported to the quarterly meeting of the Group. The additional risks below have been added, and will be assessed further: • Standards issued by SSSC now include a new "fitness to practice" which not only covers disciplinary and grievance procedures but now also includes employee health issues • "Duty of Candour" which imposes duties on employees to tell us about any "fitness to practice" issues. The above issues are not specific to the IJB, apply to all Social Work Services. The Group have also identified the following risks in March 2017: • Succession Planning – in particular, Mental Health Officers • Compromised security or inefficient use of the IJB's data.
Potential Effect / Worst Case Consequences	Death or Serious Injury

	Action	Status / Target Date	Progress
Additional Actions	a) NHS Forth Valley Clinical Care Risk and Governance Framework	Ongoing Review	• In place and monitored by NHS FV
	b) Falkirk Council – Social Work Adult Services risk and governance framework	Ongoing	• In place and monitored by Falkirk Council
	c) Public Protection Chief Officers' Strategy Group (PPCOSG)	Ongoing	• In place and monitored by PPCOSG
	d) Clinical & Care Governance Work Stream Action Plan to be developed	2017	• See Latest Notes Below.

Lead / Managed By	Chief Social Work Officer and Medical Director
Latest Notes	September 2017 – a paper will be presented to the IJB in the near future on the development of Care and Clinical Governance arrangements.

Risk No.	Risk	Current Risk	Target Risk
8	**Experience of a) Service User and b) Unpaid Carers** (including engagement, feedback, and complaints. Key challenges: measuring and evidencing change)	Medium	Medium
Risk Description	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		
Potential Effect / Worst Case Consequences	The IJB fails to identify or meet the needs of Services Users, Patients, and other stakeholders and an inability to strategically commission services. This could lead to harm to vulnerable people, a breach of equalities duties, and litigation, reputational damage, and criticism.		

	Action	**Status / Target Date**	**Progress**
Controls and Additional Actions	a) Service users, carers, staff and the Third sector are members of the Integration Joint Board and the Strategic Planning Group	April 2018	• The IJB will consider the process to identify service user, carer and Third sector representatives as the term of office for current membership finishes on 30 April 2018.
	b) Participation and Engagement Strategy in place	Ongoing	• Participation and Engagement Group in place, with representation from across the partnership including CVS, Third sector, independent sector and Housing. • Working structure has been developed to ensure that participation and engagement activity is compliant with local strategy and national standards. • The Lived Experience of service users and carers was incorporated into work to understand our whole health and social care system. • Existing stakeholder groups mapped and calendar of engagement opportunities and mediums in place, in line with purpose of specific participation and engagement request. • Participation and Engagement Group linked with Organisation Development Group • Standard participation and engagement initiation document developed, which ensures that leads consider inclusion/impact re equality and seldom heard groups.
	c) A range of communication arrangements are in place including staff newsletters, articles in the Falkirk News, local newspapers, Health and Social Care web-pages		• Articles have been published in local newspapers

			• Presentations to a range of groups have taken place, including the Public Partnership Forum, Carers Forum, Community Care Health Forum (CCHF) • A programme of staff engagement took place over May and June 2017 • Annual Performance Report produced and circulated. A summary report will be produced and issued
	d) 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	Ongoing	• Completion of the IJB report template is required and ensures these sections are considered by the Board.
	e) Equality and Poverty Impact Assessment (EPIA) will be completed where required	Ongoing	• EPIA's completed as required
	f) Equality Outcomes and Mainstreaming Report produced	April 2017	• IJB Equality Outcomes and Mainstreaming report 2017 – 2021 published on 30 April 2017
	g) 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)	Ongoing	• As noted above
	h) Complaints and monitoring reports are produced	Ongoing	• Work has taken place to implement the Model Complaints Handling procedures for the IJB and Social Work Adult Services. The SPSO has confirmed both procedures are complaint • Staff briefings took place in March to implement the Social Work Adult Services • A HSCP Complaints Handling group has been established to ensure implementation of the procedures, including monitoring and reporting arrangements and lessons learned from complaints • Complaints are reported in the Performance Reporting Framework to the IJB
Lead / Managed By	Programme Manager		
Latest Notes	08 September 2017 – Updated by the Programme Manager		

Risk No.	Risk	Current Risk	Target Risk
9	**9. Self-Management / Independent Living** (including the effectiveness of prevention activities and support for unpaid carers)	High	Medium

Risk Description	a) Reablement ethos is not effectively developed or communicated to all stakeholder, including service users, their carers and families and communities and therefore is not embedded within practice. b) Investment in reablement services does not support the implementation of agreed model/approach and promotes silo service delivery.

Potential Effect / Worst Case Consequences	The consequence of not building upon steps taken so far on implementation of a partnership based reablement ethos and reablement services may be fragmented service provision, poor outcomes for people, inefficient use of resource and service which is not embedded and unlikely to be sustainable beyond the term of Partnership Funding investment. Not effectively communicating a reablement ethos to stakeholders, could result in public expectation regarding services not aligning with provision.

	Action	Status / Target Date	Progress
Additional Actions	a) A consistent, evidence based approach is developed for the implementation of a Reablement Ethos and Reablement Services, by Health, Social Work, Third and Independent sector leads. b) A strategy setting out a phased approach to the adoption and implementation of a reablement ethos and integrated service provision will be developed. This will include short, medium and long-term actions and outcomes. c) Small scale reablement approaches, funded via Partnership Funds will be evaluated and investment will be aligned to agreed reablement model and to help facilitate wholescale adoption of the approach. d) Use of invest to save monies to enhance capacity within the Council's Reablement Resource Team e) Integration of reablement into our approach to hospital discharge planning through Discharge to Assess model. f) Recognising relevance of reablement ethos and approach in bed based intermediate care, review of existing intermediate care practice. g) Development of 'signposting' options to support people with lower levels of need to find non service based solutions at the end of reablement interventions.	Ongoing – 2017/18 Ongoing – 2017/18 Ongoing – 2017/18 Ongoing 2017/18 Ongoing 2017 Ongoing 2017 Ongoing 2017	• Re-ablement Workshops, including leaders from Health, Social Work, Third and Independent Sectors, including Carers Centre, has been externally facilitated and are at an advanced stage in helping held to define reablement as an approach and establish further actions for implementation • Reablement Lead group established. Development sessions scheduled to prioritise and progress implementation planning actions • Service Manager post funded on temporary basis in Reablement Resource Team and various practitioner posts undergoing recruitment • Reablement approach embedded in Discharge to Assess service commissioned from independent sector partner, with work underway to develop in house home care capabilities and resources to support reablement as part of discharge from hospital • Collaborative work is underway to review admissions criteria to bed based intermediate care • We are commissioning ADL Smartcare, an online self-assessment and self-help approach to staying well and maximising independence

	To improve outcomes focussed approach, the Council: a) is providing 'Good Conversations' Training and improving guidance;	March 2017	• 'Good Conversations' training being rolled out • IT – SWIS improvements being implemented • Guidance is being developed
Lead / Managed By	Community Services Directorate, General Manager and Head of Social Work Adult Services		
Latest Notes	13 September 2017: Updated by the Chief Social Work Officer. The risk description has been updated to reflect that work on developing a shared, Partnership based ethos has advanced, facilitated through external consultancy in a series of workshops which have been well attended by relevant leaders. The emphasis is now on managing risk associated with potential implementation failure. A series of additional actions have been added (at d-g above) and are reported in the Progress column.		

Risk No.	Risk	Current Risk	Target Risk
10	**Culture / HR Management / Workforce Planning** (including developing culture, behaviours, and values; sustainable change skills / capabilities, and absence)	High	Low

Risk Description	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
Potential Effect / Worst Case Consequences	HR issues have impact on Service User and Patient safety / experience – including death / injury

Controls and Additional Actions	Action	Status / Target Date	Progress
	a) Workforce Group in place to monitor all workforce and ensure implementation of workforce activity	Review Monthly	• Workforce Strategy and Organisational Development Plan are in place • The Workforce Group meets monthly, and their agendas' include a review of progress with the Organisational Development Strategy and Plan, and risks
	b) Workforce Group reports to the Leadership Management Team		
	c) Workforce Strategy in place		
	d) Organisational Development Plan in place		
	e) Chief Officers attend workforce meetings		

Lead / Managed By	HR Work Stream Lead
Latest Notes	