**Falkirk
Health and Social Care
Partnership**

Title/Subject:	**IJB Risk Register**
Meeting:	**Integration Joint Board Audit Committee**
Date:	**25 June 2018**
Submitted By:	**Chief Officer**
Action:	**For Decision**

1.   INTRODUCTION

1.1   The purpose of this report is to provide the IJB Audit Committee with an updated IJB Risk Register for approval.

2.   RECOMMENDATIONS

The IJB Audit Committee is invited to:

2.1   Approve the IJB Register at Appendix 1 of this report.

2.2   Agree that the IJB Risk Register will be reviewed as part of the wider risk management review that will include advice from the Internal Audit service.

3.   BACKGROUND

3.1   The terms of reference of the Audit Committee require the committee to:

"ensure existence of and compliance with an appropriate Risk Management Strategy. Review risk management arrangements and receive regular risk management updates and reports".

3.2   At its meeting on 13 September 2017, the Audit Committee approved a workplan for the committee which included receipt of quarterly updates on the IJB Risk Register.

3.3   At the March 2018 meeting of the Audit Committee it was noted that the IJB Risk Register was in the process of being updated and that work was required to ensure the timing of such updates was tailored to the Audit Committee reporting timetable. It was agreed that the IJB Risk Register update would be brought to the June meeting of the IJB Audit Committee.

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4. UPDATE OF THE IJB RISK REGISTER

4.1 The IJB Risk Register was updated by Lead Officers and agreed by the Leadership Group on 4 April 2018. At that meeting, it was noted that a refresh of the risk register would be appropriate. The revised IJB Risk Register is included at Appendix 1 of this report for consideration and, if agreed, approval.

4.2 The Leadership Group will shortly review the IJB Risk Register again to identify the risks associated with the transfer of NHS operational management arrangements in September and ensure that these are accurately reflected.

4.3 In addition to the IJB Risk Register, each partner monitors corporate and operational risks – including risks to safety, projects, and budgets. Partners will escalate both operational and corporate risks within the IJB's responsibility to the Chief Officer and IJB Audit Committee as appropriate.

4.4 As noted in the risk management arrangements paper included in this agenda, the Internal Audit section have offered to provide some consultancy work to support a thorough review of risk management arrangements. It is recommended that this work, if approved, includes a full review of the IJB Risk Register.

5. CONCLUSIONS

5.1 The IJB Risk Register has been refreshed to reflect the IJB's current risk profile and further work will be required during 2018/19 to accurately reflect the risks associated with the transfer of NHS operational management arrangements.

5.2 A full review of the risk management arrangements could, if approved, include a review of the IJB Risk Register.

5.3 An update report will be brought to the next meeting of the IJB Audit Committee.

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, and other plans
- 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 IJB 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

Author: Amanda Templeman, Chief Finance Officer
Date: 15 June 2018

List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.

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IJB 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	Current	Target	Change
1	Financial and Planning	Financial Stability and Commissioning	Chief Finance Officer	High	Medium	⬇
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	⟷

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IJB RISK REGISTER – DETAILS

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

Risk Description

a) Current projected overspend within NHS Forth Valley, with financial risks emerging for Falkirk Council Adult Social Care
b) Significant and ongoing pressures emerging in areas such as Prescribing
c) Reliance on non recurring savings for 2017/18 and beyond
d) Carry forward of pressures from 2016/17 and 2017/18 into future years
e) Delivery of savings programmes
f) Delivery of the relevant elements of NHS Scotland Outcomes Framework within reduced resources
g) Continued uncertainty relating to some Scottish Government allocations where the delivery of outcomes will lie within delegated IJB functions
h) Delivery of Alcohol and Drug services within reduced financial envelope
i) Potential impact if there is a shortfall relating to Scottish Government Partnership Funding Streams
j) Implementation of major service redesign and significant service change
k) Delivery of new Strategic Commissioning Approach
l) Agreement of a 2017/18 risk sharing agreement between the IJB and partners

Potential Effect / Worst Case Consequences

The partnership cannot deliver in scope functions and strategic plan priorities within resources available. Reputational risk and failure to deliver sustainable services.

Controls and Additional Actions

Action	Status / Target Date	Progress
a) Draft Financial Recovery Plan for IJB for approval on 6 October 2017	ongoing	• Recovery plan was presented to IJB in December 2017 • Report recognised that a recovery plan would not be enough to mitigate the overspend. IJB therefore need to move into the arena of a cost sharing agreement • Meetings held to discuss a potential cost sharing agreement
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 • First draft of savings tracker now received • Work ongoing to develop into something to take to the IJB
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 • Work on a savings tracker will help to monitor this area going forward
e)	Facilitate an IJB development session on financial issues	In progress	• A session took place on 6 March 2018
f)	Review and agree relationship with Alcohol and Drugs Partnership (ADP) including financial plan and impact on outcomes	Ongoing	• Chief Finance Officers has attended recent ADP's • Dialogue has been held with staff involved in ADP • The ADP presented to a meeting of the IJB • There is an agreement to take a paper to the IJB setting out revised governance arrangements between the IJB and ADP
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 • An investment plan focussing on 2018/19 was approved in principle by the IJB in December. A fully costed version was approved by the IJB in March 2018.
h)	Produce an action plan for delivery of the new Strategic Commissioning process, in compliance with existing Government structures	Ongoing	• Strategic Commissioning Group established • Thematic links in place • Ongoing dialogue with Clackmannanshire & Stirling Partnership • Engagement event held with Third Sector • Mental Health Strategic Commissioning Working Group set up to develop a commissioning plan for Falkirk Engagement has taken place with Carers Group also
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
j)	Monitor the development of the national care home contract	Ongoing	• Service Managers and Falkirk Council Contract & Commissioning Team

Lead / Managed By	Chief Finance Officer

Risk No: 2		Current Risk	Target Risk
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 available on what demand has been, although this has been limited in some service areas. Consideration is being given to assess how good our data is on future demand • Work is progressing in some areas – for example Primary Care Transformation Programme, Homecare review
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 implemented from Oct 2017 • Regular reports on progress have been presented to the IJB and a Board development session held
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	• Phase 1 work has concluded with a multi-agency workshop event held in June 2017 • A report on the work was presented to the IJB in October 2017 • There are ongoing discussions with HIS about a second phase 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

Risk No 3		Current Risk	Target Risk
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 operational management and 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 Scottish Government, 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.

Controls and Additional Actions		
Action	**Status / Target Date**	**Progress**
a) Governance Framework has been established	Ongoing Implementation	• Scheme of Delegation approved by the IJB in March 2017
b) Establish clear joint management structure arrangements	Ongoing Implementation	• Leadership Team established and has been meeting since April 2016 • Draft integrated structure and timeline for implementation is under discussion. • Executive Director of Nursing is leading work from NHS Forth Valley • Reports on progress have been provided to the IJB, with further reports to follow
c) The Leadership Team 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 • Annual Risk Register report presented to the IJB in March 2017 • Strategic Risk Management Report presented to the IJB in October 2017
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 • Chief Social Worker report presented to the IJB in October 2017
e) Programme of Internal Audit reports to be agreed		• A Strategic Planning audit has been completed as part of the Internal Audit plan. The report was presented to the IJB Audit Committee in December 2017. • An audit of Clinical and Care Governance has been completed.
Lead /Managed By	Chief Officer	

Risk No 4	Current Risk	Target Risk
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.

Controls and Additional Actions		
Action	**Status / Target Date**	**Progress**
Links are currently established with partners, including: a) Criminal Justice Authority (CJA) and Community Planning Partnership (CPP) (note: these are statutory links)	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
b) Alcohol and Drugs Partnership (ADP) and Public Protection groups	Ongoing Review	• Chief Finance Officer has attended recent ADP's • Dialogue has been held with staff involved in ADP • The ADP presented to a meeting of the IJB • There is an agreement to take a paper to the IJB setting out revised governance arrangements between the IJB and ADP
c) Third and Independent Sectors – representation as appropriate at IJB, Strategic Planning Group, Partnership Funding Group and thematic groups such as Participation and Engagement Group	Ongoing Review	• Third sector are represented on the IJB • Third and Independent Sector represented 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
d) Other Integration Authorities – via the Chief Officer and Chief Finance Officer Networks	Ongoing Review	• Chief Officer, Chief Finance Officer and Integration Managers networks are in place and attended by officers
e) Council services and links to Children's Services and Housing services	Ongoing Review	• Chief Officer is a member of NHS FV CMT and Falkirk Council CMT • 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
f) 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	• Transitions Group has been established • Leadership Team meets on a monthly basis • IJB receives regular progress reports on these areas of work •
Lead /Managed By	Chief Officer	

Risk No 5		Current Risk	Target Risk
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 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	Ongoing	▪ Performance workstream established and meets on a regular basis ▪
b) Ensure clarity of key priorities within Strategic Plans to ensure • focus for the IJB in performance assessment • proportionality & use of data wisely • Minimise duplication and bureaucracy to make performance management and reporting meaningful and realistic	Ongoing	▪ The performance work stream continues to develop the performance reporting framework aligned to the strategic plan. Strategy map developed linking key outcomes in Strategic Plan to measures ▪ Performance reporting to IJB in place and presents performance by local outcomes from Strategic Plan. Continue to develop exception reporting. Clinical and Care Governance Group established and developing framework.
c) Work closely with Strategic Planning Group and influence development of realistic measurement	Ongoing	The first annual performance report produced, which reported progress against the national health and well-being indicators. The data for these indicators is provided centrally by ISD.
d) Further develop Pentana (Covalent) and the shared portal to ensure a consistent approach to reporting that will also minimise multiple entry and manual data capture	Ongoing	Covalent Portal in place
e) Develop local priorities and targets for submission and quarterly reporting to the Ministerial Strategic Group (MSG)	Ongoing	Trajectories submitted against the Ministerial Strategic Group priority objectives. These will be monitored through the Unscheduled Care Programme Board and reported to the IJB
Lead / Managed By	Performance Work Stream Lead	

Risk No: 6	Current Risk	Target Risk
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

Additional Actions		
Action	**Status / Target Date**	**Progress**
• 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. Approved by DSP Oct 2017. • 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 Dec 2016) that a single FV wide information sharing portal is desirable. Business Requirements Phase in progress. First draft reviewed by DSP Sept 17.
• 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	

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

Risk Description

Failure to establish effective clinical and care governance frameworks and to implement them effectively. This could result in harm to, and risks to service users, carers, employees, public; failing to comply with legislation; criticism by audit and inspection bodies.
 	
The additional risks below have been added, and will be assessed further: (these issues are not specific to the IJB and apply to all Social Work Services)
• 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 Group has 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

Additional Actions		
Action	**Status / Target Date**	**Progress**
a) NHS Forth Valley Clinical Care Risk and Governance Framework	Ongoing Review	• In place and monitored by NHS FV • An internal audit of Clinical & Care Governance has been undertaken. The Action Plan requires to be concluded by the Chief Social Work Officer and Medical Director.
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	• A new Medical Director was appointed in February 2017. The Medical Director is the Chair of Clinical & Care Governance.
		• The Clinical & Care Governance Framework Group has met on 3 occasions. They last met in April 2017. The group has not met since this date and a Forth Valley meeting has been organised for 20 December 2017 to consider ongoing separate meetings or a joined up approach.
		• The Group has agreed 4 priorities:
		    Alcohol & Drug Deaths
		    Suicides
		    Complaints
		    Care of Older People
		It has further agreed that one of each of these 4 themes will be reported to the quarterly meeting of the Group.

Lead / Managed By	Chief Social Work Officer and Medical Director

Risk No 8		Current Risk	Target Risk
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.

Controls and Additional Actions

Action	Status / Target Date	Progress
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		

Risk No: 9		Current Risk	Target Risk
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.

Additional Actions

Action	Status / Target Date	Progress
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	• Reablement Leadership Team with membership from Health and Social Work, has been externally facilitated and have defined reablement pathway. • Proposed reablement pathway report presented to the Leadership Team and approved for implementation • Reablement Leadership Team to finalise implementation planning actions • Reablement Resource Team established and posts funded on temporary basis • 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 • Work ongoing to implement 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	

Risk No 10		Current Risk	Target Risk
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
b) Workforce Group reports to the Leadership Team		• The Workforce Group meets monthly, and their agendas' include a review of progress with the Organisational Development Strategy and Plan, and risks
c) Workforce Strategy in place		
d) Organisational Development Plan in place		
e) Chief Officers attend workforce meetings		

Lead / Managed By:	HR Work Stream Lead