

Agenda Item 6

Strategic Risk Register



Falkirk Integration Joint Board Audit Committee

4 December 2020

Strategic Risk Register

For Noting

1. Executive Summary

- 1.1 This paper provides an update on the IJB's strategic risk register.
- 1.2 There are 11 live risks recorded in the register, 10 are currently considered as high risk and 1 as medium risk.
- 1.3 No new risks have been added to the register since the last version presented to the Audit Committee on 25 September 2020

2. Recommendations

The Audit Committee is asked to:

- 2.1 Consider the draft Strategic Risk Register at Appendix 1

3. Background

- 3.1 Effective risk management is a fundamental aspect of good corporate governance and plays a key role in supporting delivery of the IJB's strategic plan and associated priorities.
- 3.2 The IJB is responsible for implementing a governance framework and system of internal control which is designed to identify, respond to and manage risk. Material risks which cannot be mitigated to an acceptable level are included in and monitored as part of the IJB's strategic risk register.
- 3.3 The strategic risk register is reviewed and updated by the Senior Leadership Team and Audit Committee on a quarterly basis and is presented to the IJB biannually.

4. Strategic Risk Register

- 4.1 The strategic risk register was considered by the Senior Leadership Team (SLT) on 26 November.
- 4.2 Following review by the SLT, there are currently 11 active risks recorded on the register, categorised according to:
 - their impact on delivery of the IJB strategic plan

- performance oversight and quality issues
- specific high level risks.

4.3 Of the 11 active risks, 10 are currently considered as high risk and 1 as medium risk. This represents an adverse change compared to the position reported to the Audit Committee in September (on account of risk 4 which has moved from low risk to medium risk). The table below presents a high level summary of the position and further detail is provided at appendix 1.

4.4 No new risks have been added to the register compared to the previous version presented to the Audit Committee in September.

Risk Heading	Lead Officer(s)	Current Risk (with controls)	Target Risk (after actions)	Last Reviewed	Change
1. Funding and /or demographic pressures	Chief Finance Officer Senior Service Mgr	High	High	Nov 2020	↔
2. Governance arrangements	Chief Officer	High	Medium	Nov 2020	↔
3. Partnerships	Heads of Integration	High	Low	Nov 2020	↔
4. Capacity and infrastructure	Chief Officer Heads of HR	Medium	Low	Nov 2020	↑
5. Directions	Chief Finance Officer Senior Service Mgr	High	Low	Nov 2020	↔
6. Assurance	Senior Service Manager/Medical Director/CSWO	High	High	Nov 2020	↔
7. Commissioning	Heads of Integration/ Head of Procurement, Housing & Property	High	Low	Nov 2020	↔
8. Whole Systems Transformation	Director of Acute Services/Heads of Integration	High	Low	Nov 2020	↔
9. Transition of Operational Management of NHS Services to Partnerships	Chief Officer/ Leadership group	High	Low	Nov 2020	↔
10. Resilience & Business Continuity	Heads of Integration/Chief Finance Officer	High	Medium	Nov 2020	↔
11. Primary Care	General Manager (primary care)	High	High	Nov 2020	↔

Risk Categories	Delivery of Strategic Plan (Risks 1-5)					
	Performance, Oversight & Quality Control (Risks 6-7)					
	Specific High Level Risks (Risks 8-11)					
Risk Rating Key	no change	↔	reduced	↓	increased	↑

5. Conclusions

- 5.1 The strategic risk register is a live dynamic document which is subject to regular review as part of the IJB's risk management framework.
- 5.2 The 11 active risks currently recorded on the register will be closely monitored.

Resource Implications

There are no specific resource implications arising from this report. However it is recognised that the ability to successfully incorporate risk management policies and procedures across the IJB is reliant on the provision of specific support from both Partners in line with the requirements of the Integration scheme. This is facilitated by Falkirk Council's Corporate Risk Co-ordinator and NHS Forth Valley's recently appointed Corporate Risk Manager.

Impact on IJB Outcomes and Priorities

The ability to effectively respond to and manage risk is critical to the achievement of IJB outcomes and priorities.

Legal & Risk Implications

There are a number of legal and risk implications relating to:

- the potential adverse impact on achievement of the IJB's strategic plan and associated priorities if an effective risk management strategy is not embedded across the organisation
- the ability to meet the requirements of the integration scheme
- Corporate assurance that risks are being managed effectively
- potential financial, operational and reputational risks to the IJB, Falkirk Council and NHS Forth Valley.

Consultation

The Strategic Risk Register has been developed in consultation with the Senior Leadership Team, IJB Audit Committee, Falkirk Council and NHS Forth Valley.

Equalities Assessment

N/A

6. Report Author


Jillian Thomson, Chief Finance Officer

7. List of Background Papers


N/A

8. Appendices


Appendix 1:	Draft Strategic Risk Register
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Risk No. / Title	RISK 1: Funding and /or demographic pressures	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of 'x' because of 'y'....	<p>There is a risk that the IJB will fail to deliver its strategic objectives due to funding and/or demographic pressures. This could be the result of:</p> <ul style="list-style-type: none"> Lack of planning for demographic change in the medium and longer term Insufficient funding settlements from partners Delegated services not being delivered within budget/failure to achieve savings targets Lack of clarity around budget accountability Failure to manage and affect change on set aside budgets/shifting the balance of care Lack of capacity to anticipate the landscape for changes and ability to then respond Limited availability of reliable information and analysis of activity and demand to inform future planning and predictive modelling The impact of an ageing workforce coupled with the ability to retain and recruit staff in key service areas Failure of the partnership to agree and implement a Recovery, Recuperation, Reablement, Rehabilitation and Progression care model Interdependency with decisions of Clackmannanshire and Stirling IJB re Forth Valley wide services. 	 <p>Rationale for Risk Rating</p>	Impact 5 Likelihood 4 High	Impact 5 Likelihood 2 High	No change	Nov 2020
Consequences This may result in (worst case) 'z'....	<p>The IJB is unable to deliver its vision to enable people in the Falkirk area to live full and positive lives within supportive and inclusive communities. This may result in vulnerable people and their carers not receiving the services they require.</p> <p>Noncompliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>Without appropriate planning, the IJB could incur a significant overspend. This would result in either reserves being used for purposes other than intended and/or the Partners (Council and NHS) being liable for additional funding at the year end, which may cause financial difficulties</p> <p>In addition, it could require drastic cuts to budgets which could impact negatively on service users. Again, this may impact on delivery of the IJB's strategic priorities and national integration policy.</p>	<p>Mitigating Controls</p> <p>Key areas of transformation have been identified to help manage demand including ongoing implementation of person centred assessment & planning informed by a strengths based systemic social work model and roll out of the home first approach to hospital discharge by prioritising care at home or in a homely setting across all sites (including recruitment of a Home First Manager).</p> <p>Regular financial reports are produced for the IJB, setting out financial risks visible in the system.</p> <p>Budget offers from each Partner are reviewed annually and associated risks highlighted. Due diligence is undertaken to ensure that each Partner is aware of the risk in their area and efforts made to ensure that the mitigation is being developed.</p> <p>A risk sharing agreement process is set out in the Integration Scheme. This is currently an annual process however it is recognised that a longer term risk sharing arrangement needs to be developed. This was to be considered as part of the review of the wider integration scheme scheduled for 2020/21, however this has been delayed due to the impact of Covid-19. In the meantime, the IJB has requested that the Council and NHS Board to continue with the existing risk sharing agreement that was in place last year (ie each partner makes an additional payment to the IJB to cover overspends within the service areas delegated to them). To be confirmed.</p>				



Risk No. / Title	RISK 1: Funding and /or demographic pressures	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				Budgets, directions, Financial Regulations, Reserves Policy, standing financial instructions. Work to conclude set aside arrangements remains outstanding.			
Lead Officer	Chief Finance Officer/Senior Service Manager	Assurance / Reviews Mechanisms		Finance Reports Performance Monitoring Reports Transformation agenda Directions to partners Audit Reports			
Additional Actions	Action	Target Date	Status	Progress			
	Development of a delivery transformation plan to include the proposed Recovery, Recuperation, Reablement, Rehabilitation and Progression care model.	Nov 2019	Green	The Delivery Plan has recently been reviewed to ensure it remains fit for purpose in a post Covid-19 environment and aligns with our pandemic response in terms of the current remobilisation, recovery and redesign of services. A number of key actions are being accelerated, particularly in relation to shifting the balance of care.			
	Implement the Unscheduled Care Plan and Home First test of change	Dec 2019	Green	Following the successful test of change pilot, the home first approach has been expanded within FVRH and has also been rolled out to Falkirk Community Hospital and Bo'ness Community Hospital as part of our pandemic response.			
	Due diligence of budget transferring with management responsibility for all outstanding in scope operational health services.	March 2021	Amber	Subject to ongoing discussion as part of the transfer of all outstanding in scope health services. This is currently being taken forward by the Chief Officers of both Falkirk IJB and Clacks/Stirling IJB in conjunction with the Chief Executive of NHS Forth Valley.			
	Development of a longer term risk sharing agreement.	March 2021	Amber	Progress in relation to the risk sharing arrangements and the review of the integration scheme has been delayed due to the impact of Covid-19. It is recommended that the risk sharing agreement for 2020-21 take the same form as the previous year. However formal confirmation of this approach is outstanding. In terms of the review of the integration scheme, a finance workstream will be set up to review section 8 to enable preparatory work to take place as part of the formal review of the overall integration scheme.			
	Develop an Integrated Workforce Plan	March 2021	Amber	Development of an integrated workforce plan covering the 3 year period 2022 to 2025 is required in line with Scottish Government guidance as per DL(2020)28. In the meantime, an interim plan covering 2021/22 is currently being developed for submission by 31 March 2021.			
	Develop a Medium Term Financial Plan	March 2021	Amber	The inaugural MTFP was presented to the IJB in December 2019. This is currently being updated to reflect the latest financial planning assumptions for the next rolling 5 year period including the impact of the Spending Review published on 25 Nov and ongoing impact of Covid-19.			

Risk No. / Title	RISK 2: Governance arrangements	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of 'x' because of 'y'....	There is a risk that the IJB fails to deliver its strategic objectives due to lack of clarity and/or agreement in respect of governance arrangements, for example: <ul style="list-style-type: none"> A lack of clarity around the separate roles of the IJB, HSCP, Council, NHS Board and other partners, including Clackmannanshire and Stirling IJB. An inability to influence decision making and/or a lack of agreement around where decisions should be made/decisions been taken out with appropriate governance process. 	 Rationale for Risk Rating		Impact 4 Likelihood 3	Impact 3 Likelihood 2	No Change	Nov 2020
				High	Medium		
Consequences	<ul style="list-style-type: none"> Failure in Service Delivery. Failure to deliver pace and impact of Strategic Plan. 	Mitigating Controls		Impact would restrict delivery of Strategic Plan and the necessary transformation. There is agreement to phase the transfer of NHS FV health services to the Partnerships. Pending this agreed transfer and due diligence processes being completed, including governance arrangements, the risk remains high.			
This may result in (worst case) 'z'....				HSCP Leadership Group Self-Evaluation against MSG proposals. Strategic Plan Strategic Needs Assessment Strategic Planning Group Integrated Management Structure Governance Principles			
Lead Officer	Chief Officer	Assurance / Reviews Mechanisms		Audit Committee. MSG Improvement Plan – monitor of progress. Committee Structure Annual Performance Report Risk assessment framework			
Additional Actions	Action	Target Date	Status	Progress			
	NHS FV to review Standing Orders to ensure HSCP managers, CFO and CO have appropriate authority to manage staff and resources.	Sept 2021	Amber	NHS FV reviewed their standing orders and presented a report to the IJB on 6 September 2019 that provided assurance that appropriate financial processes and systems are in place to enable the Chief Officer to exercise the effective management control of resources. As part of best practice it is recommended that the standing orders are reviewed annually.			
	Implementation of MSG Improvement Plan.	June 2021	Amber	MSG action plan was approved by the IJB in September 2019 with plans to repeat the self-evaluation exercise to assess progress in March 2020. This was delayed due to the Covid-19 pandemic. Further consideration is required in relation to the timing of this work given the ongoing impact of the pandemic, however it is recognised that the overall pace of integration remains slow and this is also a key external audit recommendation as part of the 2019-20 audit.			
	Council and NHS requested to confirm appropriate scheme of delegation to ensure HSCP staff are empowered to discharge their responsibilities.	March 2021	Red	The NHS FV scheme of delegation has been updated for CO responsibilities and authorisation levels - this will require further review once the transfer of operational management of all outstanding health			


Risk No. / Title	RISK 2: Governance arrangements	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				services is agreed. There continues to be examples where decisions in relation to inscope health services that have already transferred to the IJB are being taken by the NHS Board as opposed to the IJB. Clear lines of accountability and governance need to be agreed.			
	To support the implementation of the MSG Improvement Plan, a programme of collaborative leadership in practice sessions was developed with the IJB, however further work is required.	Mar 2022	Amber	Three externally facilitated board development sessions have taken place to date focussing on how the IJB and Partners work together to pick up the pace on integration and deliver the MSG Improvement Plan. It is clear from the output of the sessions that further work is required. In addition there have been a number of recent changes to the membership of the IJB. A series of dates for forthcoming development sessions have been suggested for 2021/22 and are in the process of being agreed.			
	Review of the Integration Scheme	Nov 2021	Red	The review of the integration scheme, which is a legislative requirement due to be completed by Nov 2020, has been delayed as a result of the impact of Covid-19. A report summarising the current position was presented to the IJB on 20 November 2020, where it was noted that the scale of the work required by senior managers to undertake the review required to be balanced with management of the pandemic response, It was agreed to establish a finance workstream to start the work required on this section of the Integration Scheme.			
	Review of HSCP Leadership Group terms of reference	Sept 2021	Green	The Leadership Group reviewed and agreed its terms of reference in Sept 2020 (including that of other existing groups under the operational management of the HSCP). The ToR will be reviewed on an annual basis going forward.			
Latest Note	Work is required to clarify the role and responsibility of the NHS SLT and programme Boards re decisions about in scope services and to reduce duplication in governance structures.						

Risk No. / Title	RISK 3: Partnerships	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of ‘x’ because of ‘y’....	<p>There is a risk that the IJB fails to develop effective links with communities, the third, independent and housing sectors and other partners, leading to poor relationships and failure to deliver the strategic outcomes.</p> <p>Failure to respond and adopt to complex issues and challenges for example demographic change.</p>	 Rationale for Risk Rating		Impact 4 Likelihood 3	Impact 4 Likelihood 1	No Change	November 2020
				High	Low		
				Impact scores 4 because of seriousness of consequence at the level of service user and carers' lived experience. Likelihood 3 possible because of delay, for example in implementation of integration arrangements with Integrated Locality Managers to lead locality model. Possible also because of limitations upon capacity to dedicate to building partnership relationships.			
Consequences This may result in (worst case) ‘z’....	<ul style="list-style-type: none">Isolated, costly responses impacting service userscollapse of service systems and pathways andsignificantly poorer individual outcomes / service user and carer experience.Inability to develop the model for resilient communities.	Mitigating Controls		Commitment to participation in key governance arrangements, for example the Housing Contribution Group, Strategic Planning Group, Unscheduled Care Programme Board. Participation and engagement is threaded through all service redesign programmes, e.g. the commissioning of In Control Scotland to support engagement with communities around redesign of day services. Regular Service Manager led engagement meetings with independent sector provider partners to share strategic priorities and check alignment of their service offer with demand. Commissioned external support (see additional actions below). Participation and engagement strategy in place. Market Facilitation Plan. Children's Commission ASP Committee			
Lead Officer	Heads of Integration	Assurance / Reviews Mechanisms		Reports to IJB and Community Planning Partnership including Carers Strategy and Alcohol and Drug Partnership. Co-produced reviews of change programmes – a current example being externally facilitated meetings with service users and carers ‘one year on’ from review of day services. Review and scrutiny of funded partner initiatives, with oversight from Partnership Funding group.			
Additional Actions	Action	Target Date	Status	Progress			
	Completion of Community Led Support programme, commissioned from National Development Team for Inclusion (NDTi)	March 2020	Amber	A series of community engagement events have been facilitated – with partners, however many were paused due to Covid-19.			
	Take forward programme of work around reablement, care pathway redesign an unscheduled Care with Oxford Brooks University – this work will enable building of relationships, particularly with colleagues in acute health care sector and third sector.	March 2020	Amber	This work is at very early stage and a year long programme remains at design stage – similar to above, there is a requirement to consider how to free up capacity for implementation and progress has been paused due to Covid-19.			

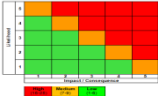
Risk No. / Title	RISK 3: Partnerships	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
	Senior Leadership Team collaborative leadership development programme, which will build in linkages with leaders across all the partner sectors.	March 2021	Green	Programme of work was originally commissioned and started in October 2019. During the Covid-19 pandemic this was modified to meet with operational demands and to provide external supports and coaching to managers.			
	Through establishment of appropriate locality level governance framework, development of a specific Locality Plan for each of the three new localities.	March 2021	Amber	All three Locality Managers are now in post. Work to embed locality teams and planning is underway. Development of financial reports at locality level is being considered in conjunction with Locality Managers.			
	Recruit to the third vacant Locality Manager post.	Nov 2020	Green	Central Locality Manager successfully recruited to and now in post.			
	Transfer of ADP Lead	October 2019	Green	Head of Integration now chairs the ADP. The ADP Co-ordinator job description is currently being reviewed and will shortly be going out to advert.			
Latest Note	Update to follow on those elements of the actions that have been delayed due to Covid.						

Risk No. / Title	RISK 4: Capacity and infrastructure	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of 'x' because of 'y'....	The IJB fails to delivery its strategic objectives due to a lack of capacity and infrastructure to deliver key roles, including effective planning, performance, risk management, information management, finance, technology support, training and development etc. This could lead to failures in governance, scrutiny and performance arrangements.			impact 3 likelihood 3 Medium	impact 2 likelihood 2 Low	 Increased	Nov 2020
Consequences This may result in (worst case) 'z'....	Failures in the ability of the HSCP to effectively deliver services, manage its workforce, conduct forward planning, implement transformational change, manage its risks and provide appropriate support to the IJB. Reputational risk, service interruption, harm.	Rationale for Risk Rating		Current: Named officers have now been identified for all relevant areas. The implementation of support in all areas has still to be fully tested hence the rating of 3 for impact, until this has been done and feedback received from the HSCP management team.			
Lead Officer	Chief Officer and Heads of HR	Mitigating Controls		Plans are being developed to ensure effective implementation of an integrated structure. This includes identification of the lead officers for support services. HR contacts have been identified for all HR related areas. Work is also being progressed on other areas but has not been finalised.			
		Assurance / Reviews Mechanisms		Existing infrastructure in place within partner organisations albeit this will need to be adapted to ensure IJB requirements are met. The HSCP Leadership Group will have a list of named contacts for the identified areas of support. In addition, the team will be able to identify any gaps or issues with this arrangement, through their regular meetings.			

Risk No. / Title	RISK 4: Capacity and infrastructure	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				Development of a Corporate Services Agreement.			
Additional Actions	Action	Target Date	Status	Progress			
	Lead officers for all relevant areas to be identified by both the NHS and the Council	Sept 2019	Red	Lead contacts for the various HR related functions have been identified. However, further work is required to confirm lead contacts for other required functions.			
	Development of a Corporate Services Agreement	March 2021	Red	Development of a formal Corporate Services Agreement to confirm agreed arrangements in respect of central support functions is recommended. This ties in to the review of the integration scheme and work required to			
	A Leadership funding bid developed for key support roles	31.11.19	Green	Bid and funding approved and recruitment process is underway to a number of key posts.			
	The Heads of Integration are currently reviewing the overall staffing structure which will provide an opportunity to review the impact of limited capacity and resources. The potential impact of the IJB becoming a category 1 responder needs to be considered in terms of emergency planning support and the work required to clarify the role and responsibility of the NHS SLT and programme Boards re in scope services.						

Risk No. / Title	RISK 5: Directions	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of ‘x’ because of ‘y’....	<p>There is a risk that Directions, and therefore the Strategic Plan, are not delivered due to:</p> <ul style="list-style-type: none">• Poorly drafted Directions, which do not set out a clear decision from the IJB.• Poor processes which do not ensure that Directions are developed as a result of a collaborative approach to service redesign and transformation• Failure of partners to engage in collaborative approaches to develop Directions for consideration by the Board• A decision by the partners to disregard the Directions or partly implement, or not deliver within the required timeframe• Failure to monitor implementation of the issued Directions to partners• Failure of the IJB to agree and issue Directions.	<div><p>Rationale for Risk Rating</p></div>	Impact 3 Likelihood 4 High	Impact 2 Likelihood 2 Low	No Change	Nov 2020
<p>The impact is assessed as 3 (moderate). Delays in transformational projects are likely. Complaints could flow as a result; the reputation of the IJB and its Partners could be negatively affected and some national media and government criticism could occur.</p> <p>The likelihood is assessed as 4 (likely). This is in part due to experience of instances where Directions have not been adhered to. In addition, the Directions remain high level at this stage as work to review the Directions has been on hold pending publication of statutory guidance by the Scottish Government. In addition, it is evident that elements of collaborative working remain at an early stage across the Partnership.</p> <p>It is hoped that both these ratings could reduce over time.</p> <p>Statutory guidance was published in January 2020by the Scottish Government. It is anticipated that this will be a lever for implementation</p>						

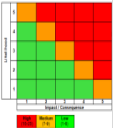
Risk No. / Title	RISK 5: Directions	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				of changes at a local level.			
Consequences This may result in (worst case) ‘z’....	<p>The IJB is unable to drive strategy and/or transformational change and as a result the objectives of the Strategic Plan are not met.</p> <p>There is duplication of work/systems/processes as a result of the IJB and Partners not collaborating effectively.</p> <p>Resources are not used effectively and financial and performance improvements are not delivered.</p> <p>People who receive services and their carers do not receive the appropriate interventions to meet their needs. In some instances this could result in people being at risk.</p>	Mitigating Controls		<p>The Strategic Plan is approved by the IJB and includes both Health Board and Council members. It should therefore represent a shared vision for future service delivery.</p> <p>An action plan has been approved by the IJB, flowing from the self evaluation work completed as part of the Ministerial Strategic Group (MSG) review on progress with Integration. This action plan should ensure improved governance processes, and that informed and evidence based decisions are made by the appropriate people. Directions should flow from this work.</p>			
Lead Officer	Chief Finance Officer/Senior Service Manager	Assurance / Reviews Mechanisms		IJB reports and minutes Monthly financial reconciliation Use of Directions template to accompany all IJB reports			
Additional Actions	Action	Target Date	Status	Progress			
	Review the current system for Directions	March 2021	Amber	Work to complete the review of Directions, in line with the Statutory Guidance published in Jan 2020 was expected to be in place for financial year 2020/21 - a report was taken to the IJB in March 2020 which was subsequently deferred due to Covid. This report has since been refreshed and was presented to the IJB in Sept 2020 where is was agreed that a formal Directions policy would be developed in line with the statutory guidance and a new template/format for the Directions will be used to accompany all IJB reports. In addition, the current systems for Directions will be reviewed as part of the External Audit work plan for 2020-21 (this work is scheduled for the last quarter of the financial year).			
	Implement the action plan from flowing from the MSG work	June 2021	Amber	An action plan has been developed from the MSG work, however it has not been fully implemented and requires to be revisited. This may impact of the local process for issuing Directions.			
Latest Notes	A log to track changes and manage version control of all new Directions and/or amendments to existing Directions is currently being developed.						

Risk No. / Title	RISK 6: Assurance	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of 'x' because of 'y'....	There is a risk that the IJB does not receive assurance from in respect of performance and quality control. This could be the result of: <ul style="list-style-type: none"> the mechanisms to provide assurance are not effective lack of quality control arrangements lack of capacity to effectively monitor performance Partnership risks are not escalated appropriately Partnerships risks are not appropriately responded to when escalated failure to adequately share information about service performance and quality concerns lack of clarity around governance, decision-making and accountability for services at a strategic level lack of clarity around roles and responsibilities across all partners for in-scope IJB functions and services at an operational level 	 Rationale for Risk Rating	Impact 5 Likelihood 3 High	Impact 5 Likelihood 2 High	No Change	Nov 2020
Consequences This may result in (worst case) 'z'....	Failure to receive and effectively scrutinise performance could result in vulnerable people and their carers not receiving the services they require. This could result in risks to them and financial liabilities and reputational risks for the HSCP. People who receive services and their carers do not receive the appropriate interventions to meet their needs. Key priorities of the IJB, as outlined in the Strategic Plan, would not be met. There is duplication of reporting and assurance work/ systems/ processes as a result of the IJB and partners not collaborating effectively. This could result in the appropriate governance body not obtaining timely information. The reputation of the IJB and its partners could be negatively affected and some national media and government criticism could occur.	Mitigating Controls	IJB Clinical and Care Governance Committee oversee quality of care provided, reporting to the IJB. This provides assurance to the Board, NHS Forth Valley and Falkirk Council that clinical and care governance, as part of the planning and delivery of services, is being delivered effectively. The CCG Committee has a collective focus to drive improvement, seek assurance and focus resource. The CCG Committee is responsible for ensuring that the five key principles outlined in the national framework are delivered: The operation of the Clinical and Care Governance Framework meets the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and the Falkirk Health and Social Care Integration Scheme. The regular IJB Performance Monitoring Reports ensure the Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and performance against relevant targets and measures set out in the Strategic Plan. The HSCP Annual Performance Report provides a mechanism to report performance against the Strategic Plan. This ensures that performance is open and accountable and sets out an assessment of performance in carrying out the integration functions. The Chief Social Work Officer (CSWO) provides professional governance, leadership and accountability for the delivery of Social Work and social care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority.			

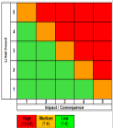
Risk No. / Title	RISK 6: Assurance	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
			<p>The role assists the Council and IJB to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO has key responsibility for performance management and the identification and management of corporate risk, as it relates to the delivery of Social Work services.</p> <p>The CSWO is required to ensure that all social services workers meet the requirements of the Scottish Social Services Council (SSSC) Codes of Practice.</p> <p>CSWO's are required to submit an annual report in accordance with Scottish Government guidance, providing an overview of how their statutory responsibilities have been fulfilled during the reporting year. It is not intended to provide a full report of the performance and activity of the entire Social Work function, as throughout the year there are reports to the IJB for this purpose.</p> <p>The IJB Audit Committee meets on a quarterly basis to review a wide range of governance issues, including the risk of fraud and potential internal control weaknesses/breaches. Each year, the Audit Committee agrees a risk based internal audit work plan targeted to the highest risk areas to ensure that the proposed audit activity is focussed on key areas and is sufficient in order to provide an appropriate level of assurance. The Audit Committee also considers the IJB's annual governance statement which provides information on the adequacy and effectiveness of the IJB's system of internal control. The Audit Committee also relies on the opinion of the Chief Internal Auditor, which is provided through a formal annual report to the IJB which provides assurance on the IJB's arrangements for risk management, governance, and control. In addition, the Audit Committee has oversight of a range of specific risk areas through the IJB's Strategic Risk Register. The Audit Committee may also conduct specific investigations into any area within its terms of reference and also accepts direct referrals from management as appropriate. In addition, an audit sharing protocol is in place to ensure that any relevant issues arising in either partner organisation which may impact on the IJB is passed to the IJB's audit committee for consideration and action.</p> <p>The Ministerial Steering Group (MSG) self evaluation exercise will monitor progress in making improvements on governance, decision making and accountability. The Scottish Government is expected to receive regular progress reports against the self-evaluation.</p>			

Risk No. / Title	RISK 6: Assurance	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Lead Officer	Medical Director/CSWO/Senior Service Manager	Assurance / Reviews Mechanisms		IJB minutes and reports Clinical Care Governance Committee minutes and reports National IJB Clinical and Care Governance Framework Falkirk HSCP Clinical and Care Governance Framework IJB Performance reports and Annual Performance reports Chief Social Work Officer Annual report Audit Committee minutes and reports Internal audit annual work plan (review of governance arrangements) Annual Governance Statement MSG Self Evaluation.			
Additional Actions	Action	Target Date	Status	Progress			
	Review CCG Framework	Sept 2019	Green	Revised Terms of Reference were considered by the Committee at its meeting on 22 August 2019. The revised Terms of Reference were presented to the IJB and agreed on 6 September 2019.			
	Develop CCG Committee workplan for 2020/21	Nov 2019	Green	The draft work plan for 2021 was approved by the CCGC at its meeting on 27 November 2020.			
	Continue to develop the content of the IJB Performance Monitoring Report's	Ongoing	Amber	The Performance Monitoring Report continues to be developed. This includes work ongoing to develop local indicators aligned to the new Strategic Plan priorities.			
	Review the IJB Performance Management Framework agreed by the IJB in 2016 (new action)	June 2021	Amber	Work is to review the framework through the Performance and Measurement Group (in conjunction with the Internal Audit Action Plan Performance Management and Reporting Report No. FK06-19. This work is included in the Internal Audit Progress Report) has been delayed as a result of staff vacancies and the pandemic.			
	Publish the HSCP Annual Performance Report – 2019 - 20	Sept 2020	Green	Due to the impact of Covid-19, publication has been delayed. The report would normally be published in July, but was delayed until Oct 2020, in line with Coronavirus (Scotland) Act and agreed delegated powers to the Chief Officer. The report was formally presented to the IJB on 20 November 2020.			
	Internal Audit Work Plan 20/21	March 2020	Green	Work plan for 2020/21 will be presented and agreed at the Audit Committee meeting on 6 March 2020.			
Latest Note							

Risk No. / Title	RISK 7: Commissioning	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of	There is a risk that the IJB fails to commission quality services from both statutory partners and the independent sector. This		Impact 4	Impact 4	No change	Nov 2020
			Likelihood 3	Likelihood 1		
			High	Low		


Risk No. / Title	RISK 7: Commissioning	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
'x' because of 'y'....	could be the result of: <ul style="list-style-type: none"> Poor oversight arrangements Lack of quality control arrangements Lack of capacity to effectively monitor performance Failure to adequately share information 	 <p>Rationale for Risk Rating</p>		Due to controls in place, the likelihood of risk occurring is considered reasonable, with possible chance of occurring			
Consequences This may result in (worst case) 'z'....	<ul style="list-style-type: none"> Serious harm to service users. Significant Case Reviews / Fatal Accident Enquiries / Court / Prosecution or other external legal interventions. Potential compensation claims. External criticism / intervention (e.g. Care Inspectorate). Reputational damage to the IJB and Partners Inappropriate use of public funds 	Mitigating Controls		<ul style="list-style-type: none"> Care Inspectorate review and monitoring Provider monitoring meetings/formal contract monitoring Provider engagement and input to contract development, with focus on recruitment, retention and training of staff Other Local Authority and Scotland Excel provider monitoring for out of area placements Service User case reviews by Adult Services Market Facilitation Plan Procurement regulations and Financial policies/guidance 			
Lead Officer	Heads of Integration Head of Procurement & Housing Property	Assurance / Reviews Mechanisms		<ul style="list-style-type: none"> Care Inspectorate review, monitoring and reporting system New Care Home Assurance Team as part of Covid response Provider monitoring and reporting by Contracts & Commissioning Officers Annual Procurement Report to the Scottish Government and quarterly reporting to the Council's Procurement Board. Regular reporting to the clinical and Care Governance Committee SWAS statutory reviews 			
Additional Actions	Action	Target Date	Status	Progress			
	Annual contract and performance review for Home Support Service contract. (c£27m per year spend)	April 2020	Draft to be issued March 2020	Between June 2019 and February 2020, contract review meetings were completed with the top ranked providers. Contract review meetings covered the following areas; <ul style="list-style-type: none"> Staffing /Complaints and Incidents Finance – invoicing and payment issues, financial monitoring ie. Creditsafe, Annual Accounts, financial viability Governance – local and national governance Care Manager / Provider / Service User Feedback Living Wage and Fair Working Practices 			
	Annual report on 'quality and compliance across all in area providers of adult residential placements. (c£13m per year spend)	April 2020	Draft to be Issued March 2020	The report will provide a detailed breakdown of the performance for each of the 11 Adult residential Care Homes in the Falkirk Council area for client groups under 65 (covering Learning Disabilities, physical disabilities, MH, complex care). Performance across the homes is measured with reference to Care Inspectorate grades/reports, analysis from contract monitoring and reference to Local Authority Interventions (i.e. Moratoriums and Large Scale investigations).			


Risk No. / Title	RISK 7: Commissioning	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Latest Note	Annual report on in areas NCHC residential units produced to show compliance and identified risk rating of all providers. (c £20m per year spend)	May 2020	6 monthly report issued January 2020	The biannual report issued in Jan 2020 provided a detailed breakdown of the performance for each of the 21 older people residential and nursing care homes in the Falkirk Council area, including 5 local authority homes and 16 independent sector homes. Performance across the Care Homes is measured with reference to Care Inspectorate grades/reports, analysis from contract monitoring and with reference to Local Authority Interventions (i.e. Moratoriums and Large Scale investigations). We currently have 7 independent sector Care Homes achieving the enhanced award for quality. This is one Care Home currently with weak Care Inspectorate grades. There are clear action plans in place to support ongoing work with the Care Inspectorate, Adults Services, Health and the Providers to deliver improvements and to ensure the best possible outcomes for supported people.			
	Programme of case reviews led by in house Home Care section, focused on care packages commissioned from independent sector.	Continuous programme	In progress	Work is ongoing, being undertaken in partnership with the providers thereby building strong relationships.			
	Prepare a Market Facilitation Plan 2020 – 2023	March 2021	In progress	The Board agreed in April 2020 to extend the current Market Facilitation Plan pending work to refresh the plan. The work to date has included engagement sessions with the Strategic Planning Group, Community Care and Health Forum and events with the Private, Voluntary and Third sectors. This work has been delayed due to the pandemic.			
	Potential impact of the national review of Adult Social Care on commissioning is unknown at this stage (the review is due to report in Jan 2021). Additional clinical support for local Care Homes Assurance & Review Team (CHART) to be confirmed following national funding announcement.						

Risk No. / Title	RISK 8: Whole Systems Transformation	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of 'x' because of 'y'....	<p>There is a risk that the IJB does not deliver transformational change across the whole health and social care system. This could be the result of:</p> <ul style="list-style-type: none"> Lack of clarity around roles and responsibilities across all Partners Lack of influence on decision making in key areas Lack of lived experience informing the redesign work Poor commissioning practice/unclear Directions Inability to deliver a whole systems way of working with transformation happening in silos and not creating a cohesive system Inability to shift resources Inability to manage demand pressures Lack of capacity, information and resources to deliver the transformational change programme Lack of staff engagement, including the Third and Independent sectors <p>Failure to deliver national government policy of shift to community based provision.</p>	 <p>Rationale for Risk Rating</p>	Impact 4 Likelihood 4 High	Impact 3 Likelihood 1 Low	No change	Nov 2020
Consequences This may result in (worst case) 'z'....	<ul style="list-style-type: none"> Poor patient/service user flow through the system. Adverse impact on individual patient / service users outcomes whose experience of care is impacted through breakdown in whole system flow, and poor experience of care. Poor performance leading to bottlenecks within the system, for example missing SG targets; delays in discharge; waits for home care; waits for care home and waits for services provided by the third sector. Reduced financial control through significant budgetary overspends on institutional care (hospital and care homes); resources not being shifted to community based services; silo working leading to budgets not losing identity 	Mitigating Controls	Falkirk HSCP Unscheduled Care Programme Board NHS FV Unscheduled Care Programme Board NHS FV Unscheduled Care Operational Group Getting Forthright Unscheduled Care Programme Oxford Brooks Institute of Public Care work programme. Further development of bed based intermediate care (Summerford and Community Hospitals) Review of models of Home Care provision services and Assessment and Care Management practice and processes Locality Team development including work in relation to building resilient communities (supported by National Development Team of Inclusion).			

Risk No. / Title	RISK 8: Whole Systems Transformation	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Lead Officer	Heads of Integration Director of Acute Services	Assurance / Reviews Mechanisms		<p>Ongoing programme of improvement that is managed using a PMO approach supported by NECS. Support and process in place for working across whole system Performance reporting e.g. Delayed Discharge Dashboard Joint Staff Forum</p> <ul style="list-style-type: none"> Establishment of workstreams to support the delivery plan including Assessment and Care Management Unscheduled Care Home First Home care review Community Led Support Stronger Communities IJB reports Community/intermediate care based alternatives to admission and development of non-acute pathways for long term conditions. For example: Falls services, SAS pathways and ECT. <p>It will be critical to ensure that workstreams align effectively and that the IJB is able to influence changes to systems, to ensure a 'whole systems' approach</p>			
Additional Actions	Action	Target Date	Status	Progress			
	Attend HSCP forums to update on progress and agree wider system processes to address risk	Ongoing	Green	Local delivery teams working well together with several examples of good practice and integration. Pandemic response has strengthened and demonstrated the benefits of integration.			
	Data based, benchmarked whole system redesign work programme to be undertaken with support from Oxford Brooks University IPC – Professor John Bolton	Mar 2020	Amber	To be reviewed by the Heads of Integration.			
	Clarify governance framework to ensure IJB and HSCP have appropriate control and influence over planning around unscheduled care pathways, with due cognisance taken of the key contribution of the Integrated Locality Teams.	March 2021	Red	Further work required in this area. Medical Director is offering both IJB Chief Officers to co chair unscheduled care programme board. Though further clarity is required re governance. TBC.			
	Establish Locality Leadership Teams to drive forward the resilient communities workstreams.	Nov 2020	Green	<p>All 3 locality managers are now in post. Locality Managers have taken the lead role in the Community Led Support development, working in partnership with NDTI.</p> <p>Twenty Six staff have begun a collaborative leadership programme to support development of integrated locality teams.</p>			
	Implement the Falkirk Unscheduled Care Plan	Dec 2020	Green	The IJB approved the UC plan at its meeting on 6 December 2019. Work is underway in line with national requirements to set up the NHS FV Rebuild and Reset Unscheduled Care Project.			
	Develop a whole system Integrated Discharge Service	Feb 2020	Green	Integrated Discharge Service comprising acute and community discharge coordinators, social care colleagues from both FV HSCPs			

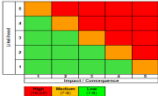
Risk No. / Title	RISK 8: Whole Systems Transformation	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				(covering all three local authorities), Home First colleagues, plus Fast Track and Home First at the Front Door. A core hub will be established at FVRH that will work both on-site and in virtual ways. The fundamental aim will be to operate a 'pull system' and follow Home First principles.			
Latest Note	Further work required to cross reference above actions to the IJB's current Delivery Plan – Heads of Integration to take forward.						

Risk No. / Title	RISK 9: Transition of Operational Management of NHS Services to Partnerships	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of 'x' because of 'y'.....	There is the risk of: <ul style="list-style-type: none">Lack of continuity of service provisionChanges in management and oversight impacting negatively on quality of service delivery and/or the ability to transform servicesLimited ability to affect whole system transformational change and shift the balance of care	 Rationale for Risk Rating		impact 4 likelihood 4	impact 2 likelihood 2	No Change	Nov 2020
				High	Low		
				There is a possibility of the transition period could make the services being provided feel unstable and inconsistent with the need to consider roles and resources moving forward.			
Consequences This may result in (worst case) 'z'.....	Failures in the ability of the HSCP to effectively deliver services, manage its workforce, conduct forward planning, implement transformational change, manage its risks and provide appropriate support to the IJB. Noncompliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.	Mitigating Controls		Managers are in place to assist with the transition, but this is time limited. Work is underway to finalise the management structure that will support the Heads of Integration and Locality Managers. This is being supported by HR colleagues in NHS FV and Falkirk Council. Due diligence process to be completed.			
Lead Officer Lead Group (if relevant)	Chief Officer HSCP Leadership Group	Assurance / Reviews Mechanisms		There will be a Senior Manager in place for the period of the shadow term to assist with the transition to the Head of Integration and Locality Managers. This is to provide a consistency in the provision of health services and ensure all staff are kept updated on the changes.			
Additional Actions	Action	Target Date	Status	Progress			
	Associate Director of Nursing has been confirmed as the Senior Manager for the Shadow Period for Health services that have not yet transferred to the IJB, including the Community Hospital.	June 2019	Green	Ellen Hudson confirmed for shadow period with effect from 3 rd June 2019.			
	Due diligence process needs to be concluded and reported to the IJB. This will enable a date to be agreed for the transfer of health services to the HSCP.	March 2021	Red	Staff lists and high level budget information provided 04/12/2019 to enable review. Nursing and AHP staff transferred in Feb 2020. Outstanding work on community hospitals, health improvement. Mental health and primary care etc to be taken forward.			
	Work needs to commence on a development / induction and OD Plan to support the work from Shadow into the HSCP fully	Sept 2019	Red	Work commenced with Ellen Hudson with the Heads of Integration but has subsequently been delayed.			
Latest Note							

Risk No. / Title	RISK 10: Resilience & Business Continuity	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of 'x' because of 'y'....	Resilience and Business Continuity If resilience arrangements are not effective, it could result in e.g. loss of people (due to eg pandemic flu); loss of assets including ICT / premises, due to e.g. severe weather or fire; lack of supplies (due to e.g. supplier issues in the supply chain – including availability of private care homes, medicines, and clinical consumables; lack of reliable information due to e.g. systems interruption. Effective Resilience and Business Continuity Management (BCM) protects services, reputation, finances and people, and contributes to compliance with the Civil Contingencies Act (CCA), 2004. Wider Brexit risks <ul style="list-style-type: none"> • Disruption to services or increased costs as a result of workforce and supply chain challenges • increased costs may hamper transformation and financial efficiencies • economic risks (such as a financial downturn or inflation) may impact on funding and costs of service delivery • Political impact of reduced supplies on vulnerable adults and families. • Health and well-being impact of reduced supplies and available workforce on vulnerable adults and families. • Effective planning and mitigation is challenging due to the ongoing level of uncertainty. • Households may struggle with an increase in the cost of living and this could lead to more people falling into poverty, resulting in an increased demand for support and services. Covid-19 pandemic risks <ul style="list-style-type: none"> • Significant disruption to services (due to staff absence as a result of illness, shielding or self-isolation). • Potential increased demand resulting in services being overwhelmed • Significant additional costs • Long term impact on the wider economy and future funding settlements • Unintended consequences arising from the initial suspension of certain health and social care services. • Impact on the health and wellbeing of staff 	 Rationale for Risk Rating	Impact 4 Likelihood 4 High	Impact 4 Likelihood 2 Medium	No change	November 2020
Resilience and Business Continuity Whilst the NHS and Council have well developed procedures a Local / Regional Resilience Partnership, current plans / response procedures may not be fit for purpose for localities / integrated structures. There is a need for more clarity around e.g. HSCP ownership, roles, and procedures; and there is a need to support and monitor assurance on the supply chain's resilience. Councils and Health Board are both classed as 'Category 1' responders under the CCA. Whilst the HSCP Partnership are not explicitly referred to in this category in the legislation, they do have responsibility for these risks for managing these risks for integrated functions. The Scottish Government is currently consulting as to whether IJBs should now also be classed as Cat 1 responders. With respect to Brexit, the impact has been set as 4 (major) due to the ongoing level of uncertainty.. The impact could be very significant for the public sector. Shortage of food or medicines could have very serious implications for vulnerable people. The likelihood is assessed as 3(possible), representing the uncertainty in the process. In terms of Covid-19, the impact has also been assessed as 4 in light of uncertainty regarding the duration of the pandemic and the associated financial risk. Likelihood is also assessed as 4 given current experience of the first wave, easing of lockdown and potential impact as we approach winter.						

Risk No. / Title	RISK 10: Resilience & Business Continuity	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Consequences This may result in (worst case) 'z'....	<p>Limited access to essential supplies e.g. medicine and an available workforce result in increased risks to vulnerable people and families who are dependent of services.</p> <p>Using inexperienced staff to maintain delivery of core services could be less efficient, reduce quality of service, and increase complaints and non-compliance with CCA legislation.</p> <p>Funding reductions lead to budget and service cuts for vulnerable services users and to poorer performance. This leads to the IJB not delivering its strategic objectives and priorities as outlined in the Strategic Plan.</p>	Mitigating Controls		Resilience The Council, NHS, and suppliers have resilience strategies and frameworks. This includes a framework of: <ul style="list-style-type: none"> - policies, plans, procedures, and training to support planning; - vulnerable persons databases; and - on-call rotas to help in the response. These arrangements are integrated with: <ul style="list-style-type: none"> - Local / Regional / National Resilience planning; - Procurement / Supply Chain monitoring. In terms of Covid-19 - Local mobilisation plan & associated financial returns.			
Lead Officer	Heads of Integration / Chief Finance Officer	Assurance / Reviews Mechanisms		<ul style="list-style-type: none"> - Exercises and debriefs to test resilience plans and learn lessons; - Local / Regional Resilience Partnerships; - Procurement / Supply Chain monitoring; and - Working with Scottish Government to assess / mitigate Brexit and Covid -19 risks. - National peer review of Covid-19 local mobilisation plan financial estimates - Additional funding from the Scottish Government to support Covid-19 related costs 			
Additional Actions	Action	Target Date	Status	Progress			
	Clarify ownership and leads for resilience in HSCP – including testing.	Dec 2020	Amber	Heads of Integration have coordinated the refresh of business continuity plans for all partnership activities. This will link with risk/resilience managers and planners in both Falkirk Council and NHS Forth Valley. NHS Forth Valley has recently appointed a Corporate Risk Manager.			
	Identify and prioritise critical functions across integrated functions - this includes a refresh of the pandemic flu priorities.	Dec 2020	Amber	As above			
	Review and integrate partners' Resilience Planning Frameworks– including joined up plans / response procedures for Localities – to ensure a fit for purpose model to support integrated structures	Dec 2020	Amber	The HSCP has completed two debriefs on the HSCP response to the covid-19 pandemic. Further work is ongoing to develop improvement/action plans. The Business Management Coordinator post has now been appointed to, who will take forward the work to review Resilience Planning Frameworks.			
	Review supply chains and put in place relevant back ups / monitoring - including mapping of suppliers and back up sources of clinical consumables for Council, NHS, and Private Care Homes	Dec 2020	Amber	Largely led by procurement teams in both partner organisations.			

Risk No. / Title	RISK 10: Resilience & Business Continuity	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
	Review Care Home Providers Business Continuity Plans – including (proportionate) deep dive review of plans - and follow up with guidance, exercises, and monitoring as necessary	March 2021	Amber	This is particularly relevant given the impact of the Covid-19 pandemic on the care home sector. Procurement & Commissioning Team regularly monitor as part of the contractual framework, this will be enhanced when the team formally transfers to the IJB under the line management of the Business Management Coordinator. Establishment of CHART team contributes to the assurance processes, reporting to the FV Care Home Assurance Group.			
	Link with NHS colleagues to mitigate any impact on unscheduled care flow between community and hospital	Dec 2020	Amber	Work has started with NHS FV and Clackmannanshire and Stirling HSCP to complete a Capacity Planning exercise to determine bed based requirements across the system. Work is underway in line with national requirements to set up NHS FV Rebuild and Reset Unscheduled Care Project.			
Latest Note	Brexit planning and the impact of the Covid-19 pandemic has identified a wider need to improve resilience and business continuity planning across the HSCP and the supply chain. The actions above will help to take forward these improvements (timescales will need to be agreed with the Leadership Team). In addition, this review has reinforced the need for input from both partners’ risk and resilience advisors, and a clear link between partners’ (Operational) Risk Register and the IJB (Strategic) Risk Register. There is an emerging health & safety risk at Falkirk Community Hospital (block 9) in relation to fire which is currently being reviewed in order to mitigate risk to both patients and staff as a matter of urgency. This work is being led by the Chief Officer with support from NHS FV’s corporate programme management office and Corporate Risk Manager.						

Risk No. / Title	RISK 11: Primary Care	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of 'x' because of 'y'....	There is a risk that general practice will not be able to sustain, at scale, the delivery of general medical services to the population of Falkirk because of an inability of HSCP and NHS Board to meet obligations to implement the new GMS contract. This includes delivery of the Primary Care Improvement Plan (PCIP), improved and sustainable infrastructure, a shift in workload from GPs to a wider multi-disciplinary team and recruitment and retention of GPs	 Rationale for Risk Rating		Impact 4 Likelihood 5	Impact 3 Likelihood 4	No change	Nov 2020
				High	High		
Consequences This may result in (worst case) 'z'....	<ul style="list-style-type: none"> Service sustainability will be affected with reduction and/or loss in general practice service delivery at scale across Falkirk and FV GP Practices The HSCP will not be able to implement in full the PCIP resulting in serious reputational damage with adverse publicity Patient experience will be poor Staff experience will be less positive which may impact on our ability to recruit and/or retain primary care staff Complaints will increase relating to timely and/or appropriate care 	Mitigating Controls		<ul style="list-style-type: none"> Primary Care Improvement Plan developed in line with MoU, reviewed and implemented through a truly collaboratively approach between GP subcommittee, HSCP partnerships and NHS board Primary Care Programme Board (PB) to provide governance regarding PCIP implementation and monitoring Develop and agree SDM to support annual priorities and use 'results' to chart progress, ensure value and realise benefits Proactively recruit the multidisciplinary workforce required to build GP and MDT capacity and capability Manage risks around workforce capability through training pipelines and "grow our own" workforce approach Monitor and proactively review enabling activities – e.g. premises, IT and PCIP models of care evaluation Promote NHS FV as an employer of choice – e.g. investors in people, i-matter, healthy working lives Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and assuring quality primary/community care approaches. Develop and test business continuity plans Secure additional funding from the Scottish Government. 			
Lead Officer	GENERAL MANAGER – Primary Care, Mental Health and Prisons	Assurance / Reviews Mechanisms		Primary Care Programme Board PCIP Implementation Group PCIP Infrastructure Group PCIP Governance structure GP Sub Committee NHS FV Senior Leadership Team HSCP Leadership Group GMS performance review group			
Additional Actions	Action	Target Date	Status	Progress			
	<ul style="list-style-type: none"> Submission of PCIP iteration 3 to the Scottish Government 	23 June 2020	Green	Iteration 3 submitted to Scottish Government on time with a balanced financial plan for 2020-21, however a recurring gap continues to be reported for year 4.			
	<ul style="list-style-type: none"> Business Case to Scottish Government for additional resources to enable delivery of PCIP 	Sept 2020	Red	Business case submitted to Scottish Government to evidence and justify the case for additional funding was rejected. Follow up meeting delayed due to Covid was recently rearranged and confirmed no further			

Risk No. / Title	RISK 11: Primary Care	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
							funding is available beyond the indicative 4 year allocation previously provided. Funding for year 5 onwards will be reviewed in due course.
	<ul style="list-style-type: none"> Primary care premises review 	March 2020	Red				<p>The Primary Care Premises review was completed a year ago with capital funding agreed for a range of minor works to be completed in 2019-20 (mainly to address space constraints and improve flow).</p> <p>A number of GP Practices are operating out of inadequate premises that are not fit for purpose, with Covid-19 increasing risk due to ongoing physical distancing requirements.</p>
	<ul style="list-style-type: none"> Kersiebank Medical Practice returned to independent contractor status on 1st May 2020. There is now only one 2C GP practice in Forth Valley (namely Slamannan Medical Practice). Several vacancies are currently being advertised across the 25 independent Practices in Falkirk Various GP leadership roles remain vacant including the cancer lead role and Falkirk town locality lead role. 	Ongoing	Amber				There are ongoing GP recruitment and retention issues within the IJB integrated structure and within independent GP practices.
Latest Note							