

Title/Subject: Annual Risk Management Report
Meeting: Integration Joint Board
Date: 30 March 2017
Submitted By: Chief Officer
Action: For Decision

1. INTRODUCTION

- 1.1 The purpose of this report is to provide members of the Integration Joint Board (IJB) with an Annual Risk Management Report, for approval.

2. RECOMMENDATIONS

The members of the IJB are asked to:

- 2.1 note the Leadership Group (LG)'s risk priorities for 2017/18:
- 2.2 agree the revised Strategic Risk Register at Appendix 1
- 2.3 agree the Falkirk IJB Risk Management Strategy at Appendix 2
- 2.4 agree that a Risk Management Improvement Plan is developed by October 2017
- 2.5 note that NHS Forth Valley's Internal Audit Team (the IJB's auditors) will undertake an audit of the effectiveness of the IJB's risk management arrangements in late 2017/18 (as part of a broader audit programme and quality assurance framework)
- 2.6 note that NHS Forth Valley's Clinical Governance and Risk Management Strategy and risk management responsibilities have been updated, as outlined at section 8.

3. BACKGROUND

- 3.1 The members of the IJB approved the Forth Valley IJBs' Risk Management Strategy in March 2016 and agreed to implement a Risk Improvement Plan, in March 2016, to embed the Risk Management Strategy in the medium to long-term.
- 3.2 The Strategic Risk Register was approved by the Board in October 2016.
- 3.3 A Board Development session on Risk Awareness Training was held in November 2016, facilitated by Malcolm Patterson, Gallagher Bassett.

4. RISK MANAGEMENT PRIORITIES

- 4.1 The HSCP Leadership Group (LG) risk priorities in 2017/18 are to:
- identify / implement measureable controls and mitigating actions for each risk
 - integrate risk with budgeting, performance, and clinical and care governance.
- 4.2 These risk priorities will be progressed by the LG and the Finance, Performance, and Care and Clinical Governance Work Streams, supported by the Council and NHS Forth Valley's Risk Advisors. In addition good risk and governance practices within other IJBs will be reviewed.
- 4.3 These activities will help the IJB to:
- take a more integrated approach to managing risk
 - better understand risks to achieving the Strategic and Local Delivery Plans
 - provide better assurance that risks are being managed effectively.

5. STRATEGIC RISK REGISTER

- 5.1 The Lead Officers for each risk have provided an update on their risks, and will undertake further work to assess their risks, and expand upon specific (measurable) mitigating actions and performance indicators. The revised Strategic Risk Register is provided at Appendix 1, for approval
- 5.2 As part of the IJB's governance and performance arrangements Lead Officers will provide quarterly Strategic Risk Register updates to the:
- LG for monitoring of the risks and controls / mitigation
 - IJB Audit Committee for scrutiny and assurance on the risk framework
 - IJB Board for approval of the Strategic Risk Register

6. RISK MANAGEMENT STRATEGY

- 6.1 A revised Falkirk IJB Risk Management Strategy is provided at Appendix 2, for approval. This replaces the Forth Valley IJBs' Risk Management Strategy (agreed by the IJBs in March 2016). However, some risk management arrangements continue to be developed on a Forth-Valley wide basis (e.g. information management).
- 6.2 The Risk Management Strategy includes a revised:
- IJB Audit Committee Terms of Reference (agreed by the IJB in June 2016)
 - Falkirk IJB Reporting Structure (agreed by the IJB in October 2016)
 - NHS Forth Valley Assurance, Accountability and Reporting Structure
 - Risk Register Template, Risk Scoring Guidance, and Risk Matrix.
- 6.3 The Risk Management Strategy will be:
- integrated with performance and clinical and care governance arrangements
 - monitored via the Risk Management Improvement Plan (outlined below)
 - reviewed 2-yearly by the LG, IJB Audit Committee and IJB.

7. RISK MANAGEMENT IMPROVEMENT PLAN

- 7.1 The members of the IJB agreed in March 2016 that a Risk Management Improvement Plan would be developed, to embed the Risk Management Strategy in the medium to long-term.
- 7.2 The IJB are asked to agreed that a Risk Management Improvement Plan will be developed by October 2017, and will include an update on the following (as a minimum):
- proposals to better integrate risk, budgeting, performance, and care and clinical governance arrangements
 - a review of the Strategic Risk Management Policy and Risk Register
 - Risk Training (to build upon the IJB's Risk Training in November 2016)
 - Covalent implementation (for recording and monitoring of risks)
 - Working Groups' key arrangements in relation to risks
 - Adverse Event Reviews (including lessons learnt)
 - a Risk Maturity Self-Assessment - against the ALARM (Association of Local Authority Risk Managers) Benchmarking Model (used by Falkirk Council) or similar risk management self-assessment methodology.
- 7.3 The Risk Management Improvement Plan will be reviewed 6-monthly by the LG, and updates will be provided to the IJB Audit Committee and the IJB (in addition to quarterly Strategic Risk Register reviews).
- 7.4 The Risk Management Improvement Plan will build upon NHS Forth Valley and Falkirk Council's annual risk management reports and Corporate Risk Management audit arrangements, and will be improved over time.

8. NHS FORTH VALLEY RISK MANAGEMENT ARRANGEMENTS

- 8.1 NHS Forth Valley's Clinical Governance and Risk Management Strategy has been updated, and includes additional references to the IJB.
- 8.2 NHS Forth Valley's Head of Performance & Governance now leads on risk management within NHS Forth Valley and will support the Falkirk IJB.

9. CONCLUSIONS

- 9.1 The Strategic Risk Management Policy has been refreshed to reflect the Falkirk Integration Joint Board's revised governance structure. It needs to be embedded and monitored through quarterly reviews of the Strategic Risk Register, 6-monthly reviews of the Risk Management Improvement Plan, and an Annual Risk Report.
- 9.2 The risk landscape and governance structures will continuously evolve.

Resource Implications

The embedding of risk management arrangements will be dependant on the continued resource commitment of partner organisations.

Impact on Integration Joint Board Outcomes and Priorities

The key risks are failure to effectively identify and manage the risks to achieving the outcomes and priorities detailed within the Integration Joint Board's Strategic Plan, Local Delivery Plan, and other plan(s).

Legal & Risk Implications

The key risks are failure to effectively:

- implement the Risk Management Strategy effectively
- identify and assess risks to delivering the Integration Joint Board's Strategic Plan, Local Delivery Plan, and other plan(s)
- meet the commitments made within the Integration Scheme
- potential impact on Falkirk Council and / or NHS reputational risks.

Consultation

The Falkirk Integration Joint Board's Strategic Risk Register was developed by Lead Officers, in consultation with working groups (where relevant).

This paper has been agreed by the authors (who are the risk management leads for NHS Forth Valley and Falkirk Council), and the Programme Manager.

The LG reviewed risk management arrangements in March 2017.

Equality and Human Rights Impact Assessment

None.

Exempt reports

None.

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

Date: 14 March 2017

List of Background Papers:

1. Forth Valley IJBs' Risk Management Strategy, March 2016
2. Falkirk IJB's Strategic Risk Register, October 2016

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

Risk Title / Description	Inherent (Current) Risk (after current mitigation / controls)	Net (Target) Risk (after additional mitigation /actions)	Lead – Lead Officer and Working Group
SHORT-TERM PRIORITIES: SIGNIFICANT INTEGRATION UNCERTAINTIES / CHALLENGES			
1. Financial Stability and Commissioning (including sustainable capacity across all sectors, and co-location / sharing of teams and assets)	High	High	Chief Finance Officer
Risks	Worst Case Consequences		
a) Current projected overspend within in-scope social care services b) Delivery of 16/17 saving programmes c) Full year effect of implementing Living Wage d) Delivery of the relevant elements of NHS Scotland Outcomes Framework within reduced resources e) Continued uncertainty relating to some Scottish Government allocation where the delivery of outcomes will lie within functions delegated to the IJB f) Delivery of Alcohol and Drug services within reduced financial envelope g) Potential recurrent shortfall relating to investment of Partnership Funding Streams h) Implementation of major service redesign and significant service change	The partnership cannot delivery in scope functions and strategic plan priorities within resources available. Reputation risk and failure to deliver sustainable services.		
Current Controls and Additional Actions (including mitigation and response)	Target Date	Progress	
a) Establish leadership group and agree membership and terms of reference	30 April 2016	<ul style="list-style-type: none"> • Complete • Remit evolving and subject to further review 	
b) Draft Financial Recovery Plan for IJB for approval on 3 June 2016	03-Jun-2016	<ul style="list-style-type: none"> • Complete 	
c) Establish financial reporting arrangements including operational reporting to Chief Officer and quarterly reporting to IJB based per terms of Integration Scheme	30 June 2016	<ul style="list-style-type: none"> • Complete • First report to 5 Aug IJB 	
d) Establish savings monitoring arrangements	30 Sept 2016	<ul style="list-style-type: none"> • 1st Stage Complete • Further development required 	
e) Establish protocols for variations of budgets and directions	31 Oct 2016	<ul style="list-style-type: none"> • In progress • Linked to financial reporting 	
f) Monitor Scottish Government and COSLA approach / policy on Living Wage and relationship to IJB	Ongoing	<ul style="list-style-type: none"> • Ongoing 	
g) Review and assess deliverability of savings and efficiency programmes	Ongoing	<ul style="list-style-type: none"> • Ongoing 	
h) Facilitate an IJB development session on financial issues by 3 June 2016	03-Jun-2016	<ul style="list-style-type: none"> • Complete • Further sessions to be considered 	

i) Review and agree relationship with Alcohol and Drugs partnership including financial plan and impact on outcomes.	Ongoing	<ul style="list-style-type: none"> Financial Update incorporated with 5 Aug IJB finance report. Chief Officers invited to ADP 	
j) Produce and agree evaluation of impact and outcomes from investment of Partnership Funding Streams and agree investment plan for 2016/17 & 2017/18	Ongoing	<ul style="list-style-type: none"> Ongoing Linked to IJB Updates on 5 Aug 2016 	
k) Develop financial strategy to compliment and support delivery planning, and to implement Strategic Plan	30 Nov 2016	<ul style="list-style-type: none"> Ongoing To be incorporated into IJB Business Plan 	
l) Examine options and appraisal and prioritisation approaches such as PBMA (Programme Budgeting and Marginal Analysis - a prioritisation tool to aid decision making) and their relevance and applicability to the challenges faced by the partnership	Ongoing	<ul style="list-style-type: none"> Ongoing Linked to Strategic Plan delivery, logic modelling / whole system approach and IJB Business Plan. Possible support via iHub 	
Latest Notes	Review Date	Reviewer(s)	
Reviewed and updated risks and controls / actions.	23 Feb 2017	Chief Finance Officer	
2. Leadership, Decision Making and Scrutiny (including effectiveness of governance arrangements and potential for adverse audits and inspections)	High	High	Chief Officer
Risks	Worst Case Consequences		
Failure to establish effective governance structures and to implement them effectively. This could result in failing to comply with legislation and inability to deliver Strategic Plan outcomes, and criticism by audit and inspection bodies	The partnership is ineffective and cannot deliver it's strategic plan, which could result in harm, legal action, and audit / inspection criticism.		
Current Controls and Additional Actions (including mitigation and response)	Target Date	Progress	
a) Governance Framework has been established – currently in implementation phase	Ongoing Implementation	<ul style="list-style-type: none"> Governance work stream completed key actions on work plan on schedule Outstanding action re scheme of delegation proposal included in October IJB papers 	
b) Establish clear joint management structure arrangements	Ongoing Implementation	<ul style="list-style-type: none"> Leadership Group established and has been meeting since April 2016 Extended arrangements outlined in paper to October 2016 IJB meeting 	
c) The Leadership Group to continuously review the respective partner organisations risk management strategies to ensure they are aligned to HSCP risk management strategy.	Ongoing Implementation	<ul style="list-style-type: none"> 	
d) Ensure alignment between the Leadership Group and the current arrangements for Clinical and Professional support with NHS Forth Valley.	Ongoing Implementation	<ul style="list-style-type: none"> 	
Reviewed and updated risks and controls / actions.	March 2017	Chief Officer	

3. Performance of the IJB	High	Low	Performance Work Stream Lead
Risks	Worst Case Consequences		
Failure to implement the Performance Management Framework and thus: a) assure the IJB of progress with the delivery of the Strategic Plan b) achieve the legislative requirements in terms of monitoring against the National Outcomes and Core Indicator set	The Board is unable to evidence progress or challenge in delivery of the Strategic Plan or National outcomes.		
Current Controls and Additional Actions (including mitigation and response)	Target Date	Progress	
a) Maintain Performance Management Work Stream to drive forward Framework implementation	June 2017	Strategy map developed linking key outcomes in strategic Plan to measures. Performance Report to IJB presents performance by local outcomes from Strategic Plan.	
b) Ensure clarity of key priorities within Strategic Plans to ensure focus for the IJB in performance assessment		Clinical and Care Governance Oversight Group established and developing.	
c) Ensure proportionality & use of data wisely		Performance work stream in place. Covalent Portal in place. Performance reporting to IJB in place and developing exception reporting.	
d) Work closely with Strategic Planning Group and influence development of realistic measurement		The first annual report will be based on national indicators. The data for these indicators is provided centrally by ISD and concerns have been raised by the partnership about the timescales for receiving 16/17 year end (March) data to enable the production, formal approval by IJB and publication of a report by July. Timescale risks have been highlighted to IJB.	
e) Minimise duplication and bureaucracy to make performance management and reporting meaningful and realistic			
f) Further develop Covalent and use of shared portal to ensure a consistent approach and minimise multiple entry and manual data capture			
g) Develop local priorities and targets for submission and quarterly reporting to the Ministerial Strategic Group (MSG)			
Latest Notes	Review Date	Reviewer(s)	
Reviewed and updated risks and controls / actions.	24 Feb 2017	Performance Work Stream Lead	

MEDIUM-TERM PRIORITIES: HIGH RISKS, BUT ARE CURRENTLY WELL MANAGED BY PARTNERS

<p>4. Culture / HR Management / Workforce Planning (including developing culture, behaviours, and values; sustainable change skills / capabilities, and absence)</p>	<p>High</p>	<p>Low</p>	<p>HR Work Stream Lead</p>
<p>Risks</p>	<p>Worst Case Consequences</p>		
<p>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</p>	<p>HR issues have impact on Service User and Patient safety / experience – including death / injury</p>		
<p>Current Controls and Additional Actions (including mitigation and response)</p>	<p>Target Date</p>	<p>Progress</p>	
<p>a) Workforce Group in place to monitor all workforce and ensure implementation of workforce activity</p>	<p>Review Monthly</p>	<ul style="list-style-type: none"> • Workforce Strategy and Organisational Development Plan are in place. • The Workforce Group meets monthly, and their agendas' include a review of progress with the Organisational Development Strategy and Plan, and risks. 	
<p>b) Workforce Group reports to the Leadership Group (for Falkirk)</p>			
<p>c) Workforce Strategy in place</p>			
<p>d) Organisational Development Plan in place</p>			
<p>e) Chief Officers attend workforce meetings</p>			
<p>Latest Notes</p>	<p>Review Date</p>	<p>Reviewer(s)</p>	
<p>Reviewed and updated risks and controls / actions.</p>	<p>24 Feb 2017</p>	<p>Workforce Development Work Stream Lead</p>	

5. Experience of a) Service User and b) Unpaid Carers (including engagement, feedback, and complaints. Key challenges: measuring and evidencing change)	High	High	Participation and Engagement Work Stream Lead
Risks	Worst Case Consequences		
a) Fail to engage adequately and fully with stakeholders, in particular those harder to reach groups b) Fail to adequately plan and delivery services as a result of limited communication, engagement and participation with stakeholders c) Fail to take into account the needs of stakeholders d) Fail to have identified lead who can develop and follow through Participation and Engagement Strategy	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.		
Current Controls and Additional Actions (including mitigation and response)	Target Date	Progress	
a) Service users, carers, staff and the Third sector are members of the Integration Joint Board and the Strategic Planning Group	Complete	<ul style="list-style-type: none"> Participation and Engagement Group in place, with representative from across Partnership including CVS, Third Sector and Housing. Working structure developed to ensure that participation and engagement activity is compliant with local strategy and national standards. Development of action plan ongoing and aligned to Change Programme Board. 	
b) Participation and Engagement Strategy in place – and an Action Plan is being developed 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	Ongoing	<ul style="list-style-type: none"> A programme of staff engaged is drafted for implementation in spring / summer 2012 Articles have been published in local newspapers 	
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	<ul style="list-style-type: none"> Standard participation and engagement initiation document developed, which ensures that leads consider inclusion/impact re equality and seldom heard groups. 	
e) Equality and Poverty Impact Assessment will be completed where required	Ongoing	<ul style="list-style-type: none"> Report completed and will be reviewed and refreshed in April 2017. Report reviewed and will be submitted to IJB 20 March 2017. 	
f) Equality Outcomes and Mainstreaming Report produced	April 2017	<ul style="list-style-type: none"> Existing stakeholder groups mapped and calendar of engagement opportunities and mediums in place, in line with purpose of specific participation and engagement request. 	

		<ul style="list-style-type: none"> • Participation and Engagement Group linked with Organisation Development Group
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	<ul style="list-style-type: none"> • Participation and Engagement Group in place, with representative from across Partnership including CVS, Third Sector and Housing. • Working structure developed to ensure that participation and engagement activity is compliant with local strategy and national standards. • Development of action plan ongoing and aligned to Change Programme Board.
h) Complaints and monitoring reports are produced	Ongoing	
i) Identify Lead Officer for Falkirk Participation and Engagement group	Complete	
Latest Notes	Review Date	Reviewer(s)
Reviewed and updated risks and controls / actions.	20 Feb 17	Service Manager

Risk	Current Risk	Target Risk	Lead Officer / Managed By
<p align="center">6. Information Management and Governance</p>	<p align="center">High</p>	<p align="center">High</p>	<p align="center">Information Work-stream Lead - Jonathan Procter</p>
<p align="center">Description</p>	<p align="center">Worst Case Consequences</p>		
<p>There is a risk that the Forth Valley IJBs have insufficient information assets and governance arrangements to provide the right people, with the right information, when they need it.</p> <p>This includes potential weaknesses in:</p> <p>a) Information and Communications Technology (ICT) – such as systems / infrastructure:</p> <p>There is a risk that the IJBs lack the technical ability to share information effectively across the IJBs. 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.</p>	<ul style="list-style-type: none"> • 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 		
<p>b) Information Governance</p> <p>There is a risk that the IJBs' Information Governance arrangements (i.e. how we share information) are unclear or poorly embedded. This could result in the IJB failing to meet it's legal duties, or not preparing sufficiently for changing regulations, e.g. data protection and records management.</p>	<p align="center">Current Controls</p>		
<p>c) Information Management Strategy and Demand Planning (ICT and IG risks)</p> <p>There is a risk that information specialists are not clear what the IJBs priorities are, which may mean that they are unable to effectively plan for and meet these needs. Also, FV partners' information strategies and plans may not be clear, embedded, or effectively aligned with the IJBs' priorities.</p> <p>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.</p>	<p>Information and Communications Technology (ICT)</p> <ul style="list-style-type: none"> • FV Partners have individual IM Strategies, Plans, and Policies in place. This is supported by IM 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, Chief Officers, and Programme Managers <p>Information Governance (IG)</p> <ul style="list-style-type: none"> • 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. <p>Information Management Strategy and Demand Planning</p> <ul style="list-style-type: none"> • Refer to Additional Actions 		

Additional Actions	Responsible	Due Date	Progress
<ul style="list-style-type: none"> • ICT specialists will undertake further work with the FV IJBs' Programme Managers to identify and better understand the IJBs information priorities, and then develop shared ICT Plans to meet these. • Improve demand planning, to ensure that there is adequate skills, resources, and capacity to meet the IJBs' information needs (including assets, budgets, and staff). • Ensure that partners' Business Continuity arrangements reflect IJB's needs • Establish an ICT (Infrastructure) Sub Group (consisting of technical leads from the partners) to develop and take forward the initial ICT priorities. • Ensure access to integration systems are available across the partnership • Develop information sharing portal, and ensure it's adequately funded, prioritised, and resourced by partners. • Review opportunities for convergence of social care systems 	DSP and IJB Programme Managers	To be confirmed	<ul style="list-style-type: none"> • Review strategic / other plan(s), to identify information requirements, and develop DSP Work Plan / Risk Register.
	IJB Data Analysts	In Progress / Ongoing	<ul style="list-style-type: none"> • Progress key projects, e.g. funding and resource yet to be scoped for Portal. This is part of the 2017/18 DSP Work-Plan.
	TBA	TBA	<ul style="list-style-type: none"> • No work requirement at this stage.
	ICT Sub Group	Completed	<ul style="list-style-type: none"> • ICT Sub Group established, and to develop technical requirements.
	DSP	2017/18	<ul style="list-style-type: none"> • Initial ICT issues are on track to be delivered, including a network testing and authentication system (Cisco ICE).
	DSP	2017/18	<ul style="list-style-type: none"> • FV Partners agreed (in December 2016) that a single FV wide information portal is desirable. • Further work is required to develop appropriate solutions and project work will require be resourced in 2017/18. The detailed scoping and requirements requires to be service lead. • Key Single Shared Assessment (SSA) data needs to be collected and recorded in IT systems in FV, and the technical options need to be agreed. • Sustainability issues flagged • This needs to happen alongside single portal plans • Note that 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.
Local Authorities	To be confirmed		
Latest Notes	Review Date		Reviewer(s)
Reviewed and updated risks and controls / actions.	20 Feb 17		Information Work-stream Lead

LONG-TERM PRIORITIES			
7. Effective Links with Other Partnerships (e.g. Community Planning, Third and Voluntary sectors, Criminal Justice, and Housing)	High	Low	Chief Officer
Risks	Worst Case Consequences		
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.	The partnership is ineffective and cannot deliver it's strategic plan, which could result in harm, legal action, and audit / inspection criticism.		
Current Controls and Additional Actions (including mitigation and response)	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) b) Alcohol and Drugs Partnership (ADP) and Public Protection fora 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. d) Other Integration Authorities – via the Chief Officer and Chief Finance Officer Networks e) Council services and links to Children's Services and Housing services f) Transitions Group established - to progress strategic and operational arrangements between Social Work and to support young people transitioning between services.	Ongoing Review	<ul style="list-style-type: none"> • Chief Officer; member of Leadership board of CPP • Chief Officer; member of Community Justice Partnership • IJB Strategic Plan is embedded in SOLD plan and joint planning mechanisms are in place • Third and Independent Sector representatives actively participate in Partnership Funding Group (sub-group of Strategic Planning Group) and thematic groups. • 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 representative are members of Forth Valley wide thematic group e.g. Performance, Information Governance, Clinical & Care Governance. 	
Latest Notes	Review Date	Reviewer(s)	
Service Manager reviewed and updated risks and controls / actions.	20 Feb 17	Service Manager and Chief Officer	

8. Harm to Vulnerable People / Public Protection / Clinical Care (including patients and Service users, staff and Volunteers, and c) Unpaid Carers)	High	High	Chief Social Work Officer and Medical Director
Risks	Latest Notes		
<p>There is a risk of harm to people, due to the IJB failing to meet its' statutory clinical care, Adult Support and Protection, and public protection duties, which could lead to:</p> <ol style="list-style-type: none"> Death or serious harm to a vulnerable person Significant case reviews, prosecution or other legal interventions Potential compensation claims external criticism / intervention (e.g. Care Inspectorate or Criminal Justice Authority) Reputational damage to the IJB (and individual partners) <p>In the NHS, there are a large number of clinical incidents which have a significant impact on individual's, but good controls are place to mitigate the impact on the NHS.</p> <p>In the Council, there is the potential for harm to vulnerable people, despite effective public protection arrangements being in place. This could have a significant impact on the IJB and Council's reputation (even if the likelihood is low and subsequent enquiries establish that the Council were unable to prevent the incident).</p> <p>In the Council, there is the same risk of potential harm to vulnerable young people and adults which would have the same risks as outlined above for the IJB (even if the likelihood is low and subsequent enquiries establish that the Council were unable to prevent the incident).</p> <p>Note - October 2016 The risks were agreed by the Lead Officers before the Oct 2016 IJB Risk Update, and Lead Officers agreed to provide the IJB with more information as soon as possible – including measureable actions.</p>	<ol style="list-style-type: none"> A new Medical Director was appointed in February 2017. The Clinical & Care Governance Framework Group has met on 3 occasions. They plan to develop a Risk Register – this is on the agenda for their next meeting on 5 April 2017. The Group have agreed 4 priorities: <ul style="list-style-type: none"> Alcohol & Drug Deaths Suicides Complaints Care of Older People They have further agreed that one of each of these 4 themes will be reported to the quarterly meeting of the Group. <p>The additional risks below have been added, and will be assessed further:</p> <ul style="list-style-type: none"> Standards issued by SSSC now include a new “fitness to practice” which not only covers disciplinary and grievance procedures but now also includes employee health issues “Duty of Candour” which imposes duties on employees to tell us about any “fitness to practice” issues. The above issues are not specific to the IJB, apply to all Social Work Services. <p>The Group have also identified the following risks in March 2017:</p> <ul style="list-style-type: none"> Succession Planning – in particular, Mental Health Officers Compromised security or inefficient use of the IJB's data. 		
Worst Case Consequences			
Death or Serious Injury			
Current Controls and Additional Actions (including mitigation and response)	Target Date	Progress	
<ol style="list-style-type: none"> NHS Forth Valley Clinical Care Risk and Governance Framework Falkirk Council – Social Work Adult Services risk and governance framework Public Protection Chief Officers' Strategy Group (PPCOSG) Clinical & Care Governance Work Stream Action Plan to be developed 	<p>Ongoing Review</p> <p>2017</p>	<ul style="list-style-type: none"> In place and monitored by NHS FV In place and monitored by Falkirk Council In place and monitored by PPCOSG See Latest Notes Below. 	
	Review Date	Reviewer(s)	
	01 Mar 2017	Chief Social Work Officer	

9. Self-Management / Independent Living (including the effectiveness of prevention activities and support for unpaid carers)	High	Medium	Community Services Directorate, General Manager and Head of Social Work Adult Services
Risks	Worst Case Consequences		
a) Reablement ethos is not effectively defined, developed or communicated to all stakeholder, including service users, their carers and families and communities and therefore is not embedded within practice. b) Reablement services are developed in isolation of one another and out-with a whole systems approach. c) Investment in reablement services does not support the implementation of agreed model/approach and promotes siloed service delivery.	<p>The consequence of not taking a Partnership approach to the development and implementation of a 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.</p> <p>Not effectively communicating a reablement ethos to stakeholders, could result in public expectation regarding services not aligning with provision.</p>		
Current Controls and Additional Actions (including mitigation and response)	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 wholesale adoption of the approach.	Ongoing – 2017/18 Ongoing – 2017/18 Ongoing – 2017/18	<ul style="list-style-type: none"> • Reablement Workshops, including representatives from Health, Social Work, Third and Independent Sectors, including Carers Centre, held to define reablement as an approach and establish actions for implementation. • Reablement Lead group established. Development sessions scheduled to prioritise and progress actions agreed during initial workshops. • Further work will be undertaken to assess the risk and develop effective mitigating actions 	
To improve outcomes focussed approach, the Council: a) is providing 'Good Conversations' Training and improving guidance; and b) has established a small short term working group (reporting to the Self Directed Support Program Board) to improve the Single Shared Assessment recording process and develop associated guidance.	March 2017	<ul style="list-style-type: none"> • 'Good Conversations' training being rolled out • IT – SWIS improvements being implemented • Guidance is being developed • Working Group reports to SDS Programme Board 	
Latest Notes	Review Date	Reviewer(s)	
Head of Social Work Adult Services reviewed and updated risks and controls / actions.	28 Feb 17	Community Services Directorate, General Manager and Head of Social Work Adult Services	

10. Service Demand		High	Low	Chief Finance Officer
Risks		Worst Case Consequences		
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.		The consequences could include over / under capacity, poor outcomes, harm, financial costs, inefficiency, reputational damage, and criticism by audit and inspection bodies.		
Current Controls and Additional Actions (including mitigation and response)		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. b) Budget savings workshops held and LIST analyst work c) SDS and Eligibility criteria under review d) HSCP is working with i-Hub and TRIST to take forward work on whole systems mapping to better understand the integrated system across health, social care, Third and Independent sectors.		30 September 2017	<ul style="list-style-type: none"> Financial Planning for 2017/18 within the IJB business case considered demand and cost pressure related issues across the in-scope functions of the partnership. This requires to further develop in respect of medium term delivery planning and financial strategy. This work has commenced and it is anticipated will conclude by June 2017 	
Latest Notes		Review Date	Reviewer(s)	
Reviewed and updated risks and controls / actions.		20 Feb 17	Chief Finance Officer	
ADDITIONAL NOTES				
1 Culture, Values, and Behaviours	These permeate throughout all risks above. The risk involves failure to appreciate differences and work towards and enabling a shared culture.			
2 Risk Type and Outcomes	All risks affect multiple National and Local Outcomes. Falkirk Joint Management Group also suggested that Lead Officers may, in future, also want to consider mapping risks to priorities.			
3 Impact / Consequences	The consequences / impacts of each risk can be multiple – including reputation, harm, and financial. The Risk Scoring Guidance (which will be provided to Lead Officers) should assist in assessing impact.			

Falkirk Health & Social Care Partnership

Risk Management Strategy

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DOCUMENT HISTORY

Document Title:	DRAFT Falkirk HSCP Risk Management Strategy	Lead Reviewer:	Hugh Coyle and HSCP Programme Manager
Owner:	Falkirk Council and NHS Forth Valley Risk Management Leads	Superseded Version:	Version 1: Approved March 2016
Version No:	Version 2.3 – 14 arch 2017	Next Review Date:	March 2019

1. POLICY – the risk management approach

- 1.1 This Risk Management Strategy (RMS) dove-tails with each partner's existing Corporate Risk Management (CRM) Strategies, which are described at **Appendices 1 – 2**.
- 1.2 The Integration Joint Board (IJB) risk review and reporting arrangements form part of the IJB's broader governance arrangements – including audit, clinical and care governance, and performance management. These are outlined within the IJB Reporting Structure at **Appendix 3**, which was agreed by the IJB in September 2016.

- 1.3 The IJB's Strategic Plan defines their approach to risk as:

“the partnership is able to identify, manage and tolerate risk, and staff are supported in being able to work in different ways, to support personal outcomes”

- 1.4 The IJB is committed to embedding a culture whereby risk management is recognised as a continuous process, demanding awareness and action from employees at every level, to reduce the possibility and impact of injury and loss. Risk management should be seen as an enabler to achieving objectives, of both the partnership and individual partners.
- 1.5 The IJB will ensure that a robust and transparent system of clinical governance and risk management is in place to assure the IJB, the public, and other stakeholders. This involves providing safe and effective care and treatment for patients and clients, and a safe environment for employees and others who interact with the services delivered under the direction of the IJB.
- 1.6 The IJB believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets, and fewer unexpected problems.
- 1.7 Clinical governance and risk management are inextricably linked.
- 1.8 Risk management is an integral part of good management practice, and learning from adverse events is a major priority for the IJB. As health and social care is becoming increasingly complex it is important that sufficient time and resource is applied to this area. Delivering and managing safe and effective care to the people who use our services whilst ensuring the health, safety, and welfare of our staff, patients, (their) carers, and visitors is a top priority for the organisation.
- 1.9 This strategy encourages decision makers to be 'risk aware' rather than 'risk averse'. This includes encouraging innovation and recognising 'opportunity related risk', provided that the risks are assessed and justified in the context of the anticipated benefits for patients, clients, (their) carers, and the IJB.

1.10 Key benefits of effective risk management:

- appropriate, defensible, timeous, and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience / satisfaction with a consequent reduction in adverse incidents, claims, and / or litigation; and
- a positive reputation is established for the IJB.

1.11 The IJB will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the IJB.

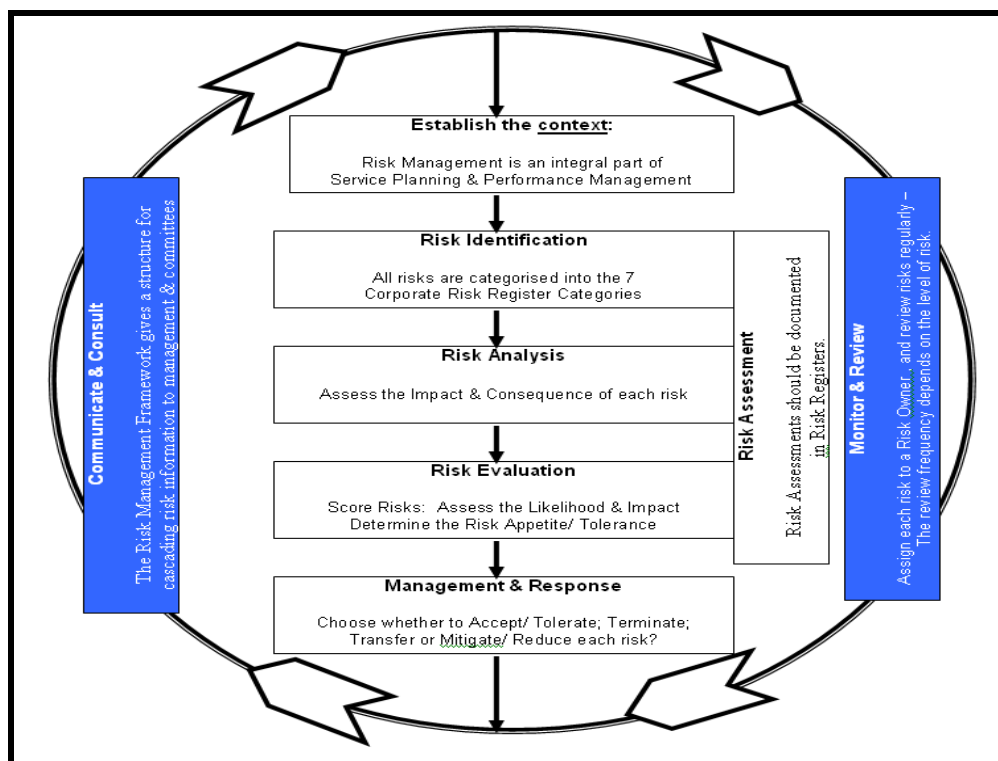
2. STRATEGY – Implementing the policy

2.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the IJB;
- establish communication and sharing of risk information through all areas of the IJB;
- initiate measures to reduce the IJB's exposure to risk and potential loss; and
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting, and review.

2.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, patient, service user, carers and employee safety and wellbeing, business risk, opportunities or threats.

2.3 Risk management requires the consistent identification, assessment, management, monitoring, and reporting of risks to the IJB, as shown overleaf:



2.4 The following templates are provided (and will be continuously improved):

- **Appendix 4:** Risk Register Template
- **Appendix 5:** Risk Scoring Guidance and Matrix

2.5 Risk affects every activity to a greater or lesser degree and failure to acknowledge this can lead to serious consequences – including harm, poor outcomes, financial loss, service interruption, criticism or reputational damage, and legal penalties.

2.6 If the HSCP is to manage risk effectively, they need to demonstrate that risks are managed in a systematic and structured manner and reviewed regularly. This includes:

- **Strategic Risks:** This includes the risks to achieving (opportunity) or failing to achieve (threat) the IJB's desired outcomes and objectives as set out within the Strategic Plan. These are managed by the HSCP Leadership Group.
- **Corporate Risks:** This includes the risks (opportunity or threat) to achieving the goals of individual partners. These are managed by each partners' Corporate Management Team (CMT). Where a risk affects multiple partners and / or requires strategic leadership they should be escalated to the HSCP Leadership Group and IJB and treated as strategic risks.
- **Operational Risks:** This includes the risks to individual service units, and would be managed by operational managers. Where a risk affects multiple units and/or requires

more senior leadership they should be escalated to the senior leadership group and proposed to be treated as corporate risks.

- **Transformation and Project Risks:** This includes the risks (opportunity or threats) to successfully delivering transformation. These should be managed by the Service Transformation Programme Board and Work Streams. Where a risk could impact upon the IJB's Strategic Plan they should be escalated to the HSCP Leadership Group and IJB and treated as strategic risks.

- 2.7 Specific risks will be owned by / assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required. Risk controls should be proportionate and take account of the IJB's tolerance for risk and available options for managing risk.
- 2.8 Risks will be scored consistently using the Risk Scoring Guidance and Matrix (at Appendix 5), and will be analysed in terms of likelihood and potential impact, taking account of controls and actions.
- 2.9 The IJB will demonstrate a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints, accidents / near misses, and claims. The risk advisors for Falkirk Council and NHS Forth Valley will work together to ensure that lessons learnt are identified and shared.

3. Governance, Roles and Responsibilities

3.1 Integration Joint Board

Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements;
- receipt and review of reports on strategic risks and any key operational risks that require to be brought to the IJB's attention;
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities / policies and the like (e.g. inclusion of a 'risk implications' section on Board papers); and
- ensuring that the Chief Officer implements and monitors mitigating actions and reports progress.

3.2 Chief Officer

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

3.3 Chief Financial Officer

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key financial and business risks, risk mitigation, and insurance.

3.4 HSCP Leadership Group

Members of the HSCP Leadership Group are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- ensuring that the Lead Officers for each strategic risk (in conjunction with work streams, where appropriate) provide regular updates to the Leadership Group;
- receipt and review of regular risk reports on strategic, shared, and key operational risks and escalating any matters of concern to the IJB; and
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility; and
- reporting back to the IJB on risks.

3.5 Audit Committee

The Audit Committee are responsible for reviewing risk management arrangements and receiving regular risk management updates and reports.

3.6 Employees / All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or patient's / service user's / carer's / others at risk of harm; to identified hazards and implement safe working practices developed within their service areas; and to report near misses and incidents of harm so that these can be investigated and lessons learnt.

3.7 Others / Specialists

It is the responsibility of relevant specialists from the partner bodies to attend meetings as necessary to consider the implications of risks and provide relevant advice. This includes internal audit, external audit, chief legal / risk officers, Lead Officers for risks, (sub) committees, clinical and non clinical risk managers / advisors (including Lead Officers and work streams for risks), and health and safety advisors.

3.8 Corporate Management Teams of Partner Bodies

Corporate Management teams of partner bodies are responsible for:

- ensuring that they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB; and
- escalating and reporting risks to the HSCP Leadership Group and IJB when they exceed their risk tolerance and / or where they may affect the achievement of the IJB's Strategic Plan.

4. Monitoring and measuring the effectiveness of risk management arrangements

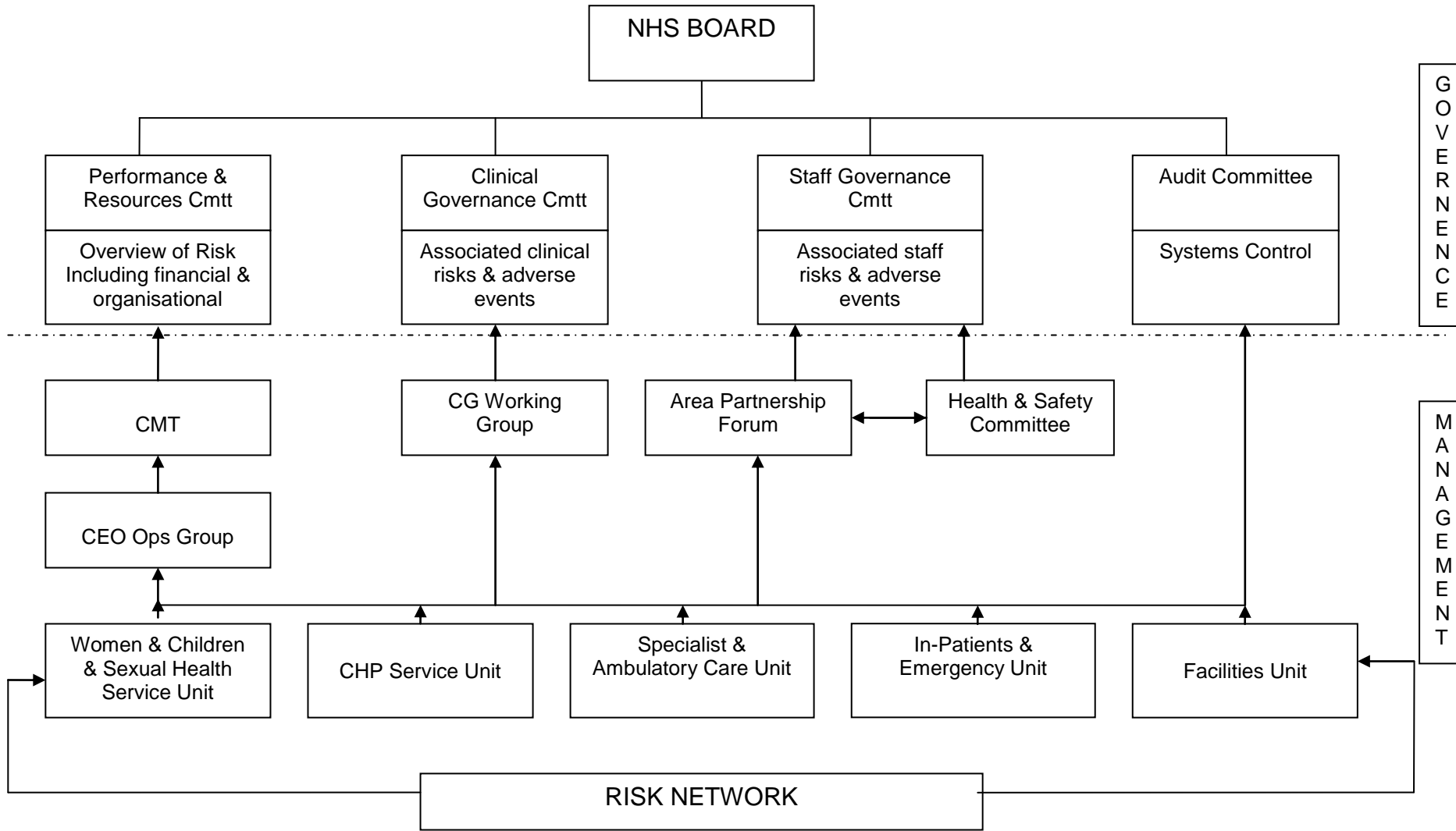
- 4.1 The IJB operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context, scoring, and controls.
- 4.2 Risk and performance management is key to the effective delivery of strategic objectives. Monitoring will include review of the IJB's risk profile by the HSCP Leadership Group, Audit Committee, and Lead Officers / Work Streams.
- 4.3 The Strategic Plan, performance reviews, and audits / inspections will also inform the identification of new risks or highlight where existing risks require more attention.
- 4.4 Key risk performance indicators (PIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs can provide assurance that key financial risks are under control.
- 4.5 The IJB will ensure that a Risk Management Improvement Plan that will shape future risk management priorities and inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the HSCP.

5. Communication and Training

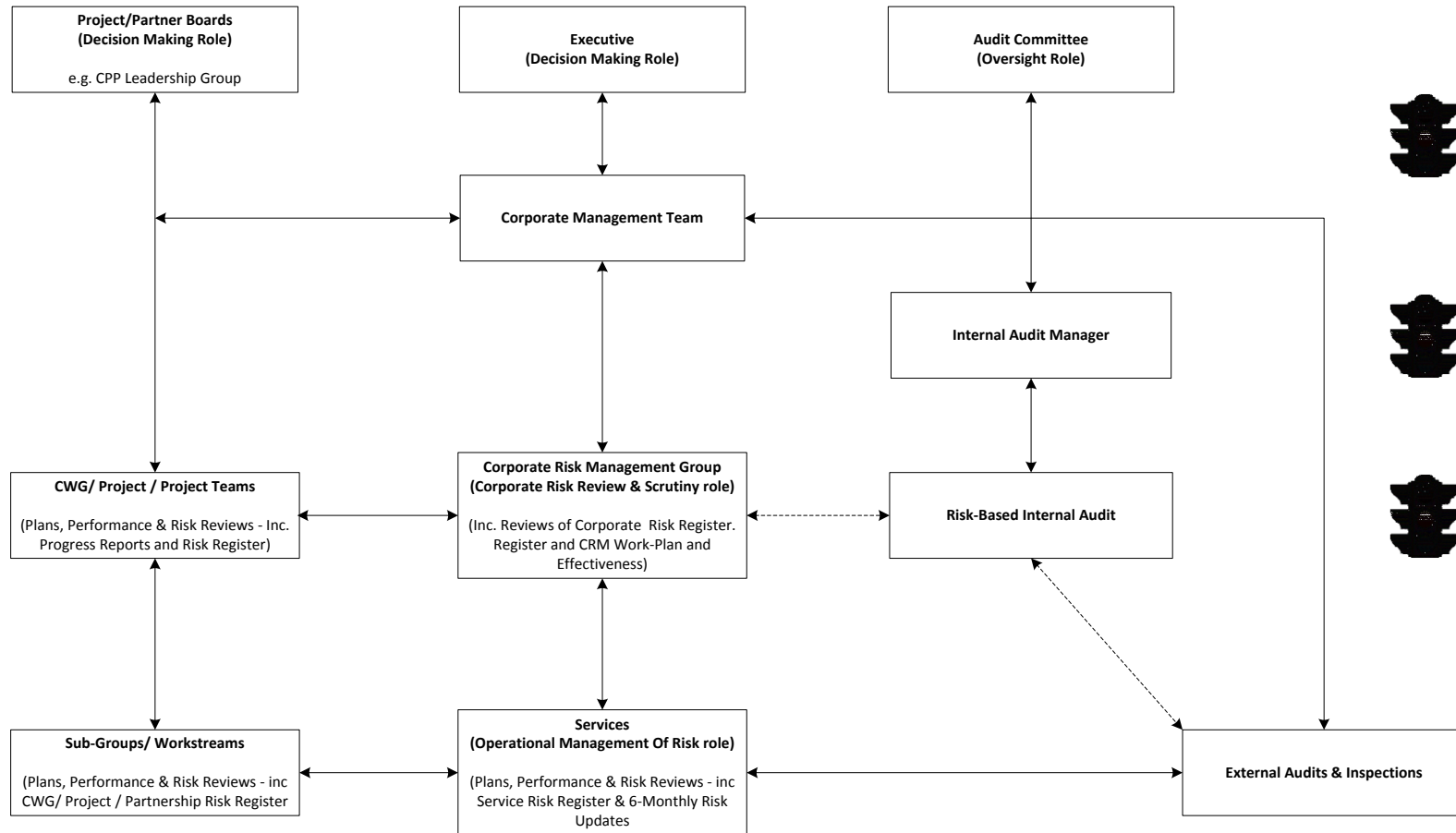
- 5.1 This strategy will be communicated cascaded to all employees by the HSCP Leadership Group.
- 5.2 Suitable guidance and training will be developed and agreed with the HSCP Leadership Group, to ensure that this strategy is implemented effectively at strategic, operational, and project levels.

Appendix 1: Strategic Risk Management Reporting Frameworks - NHS Forth Valley

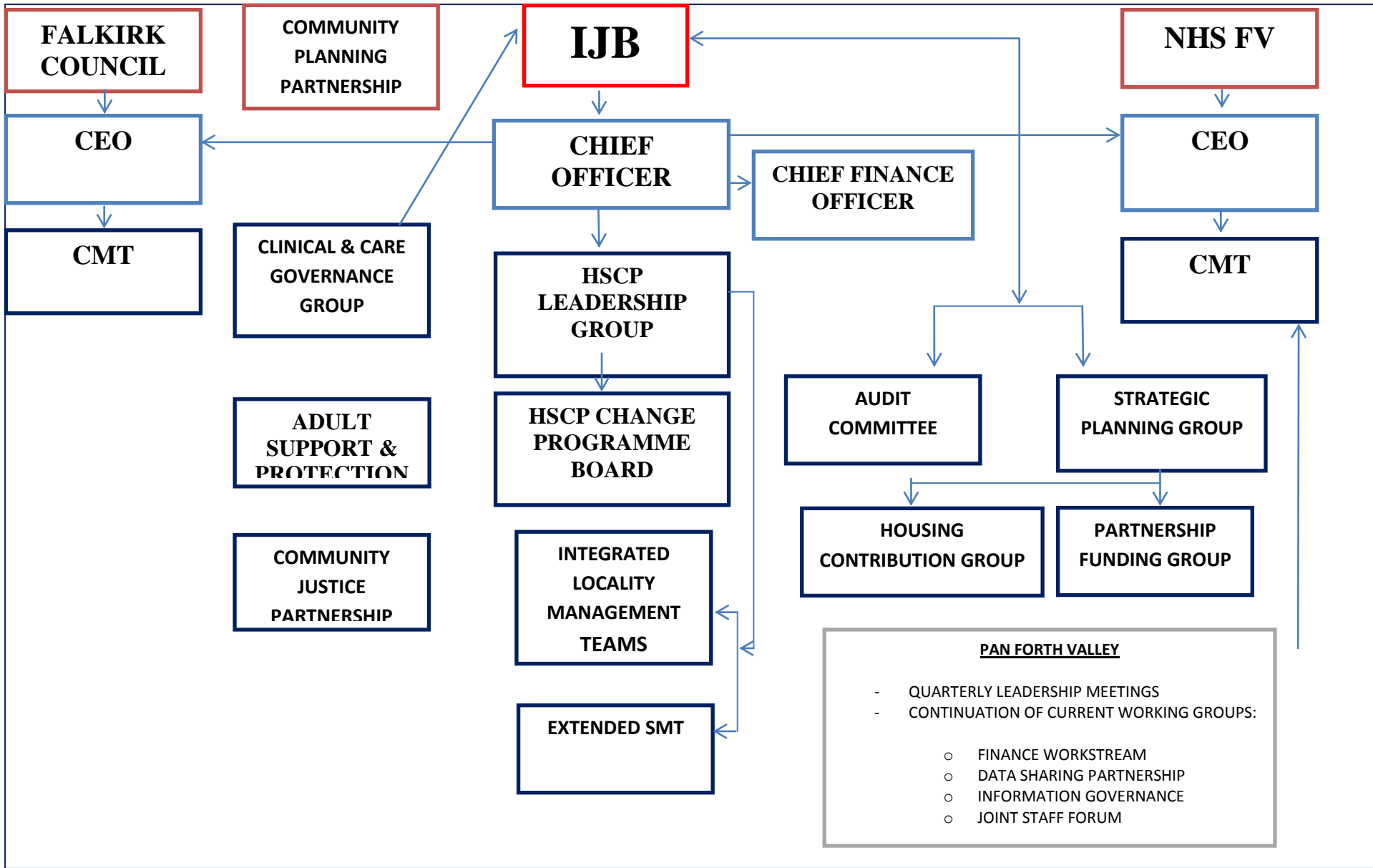
QUALITY ASSURANCE IN FORTH VALLEY
 CLINICAL GOVERNANCE RISK MANAGEMENT
 ASSURANCE, ACCOUNTABILITY AND REPORTING FRAMEWORK



Appendix 2: Strategic Risk Management Reporting Frameworks - Falkirk Council
Corporate Risk Management (CRM) Framework



Appendix 3: Falkirk IJB Reporting Structure – September 2016



Appendix 4: Risk Assessment Template

Risk Title / Description	Inherent (Current) Risk (after current mitigation / controls)	Net (Target) Risk (after additional mitigation /actions)	
SHORT-TERM PRIORITIES: SIGNIFICANT INTEGRATION UNCERTAINTIES / CHALLENGES			
1. Financial Stability and Commissioning			
Lead Officer(s)	Lead Group(s)		
Risks	(Worst Case) Consequences		
Current Controls and Additional Actions (including mitigation and response)	Status and Target Date	Progress / Comments	
a)		•	
b)		•	
c)		•	
d)		•	
e)		•	
Performance Indicators / Review Mechanisms	Status and Target Date	Progress / Comments	
a)		•	
b)		•	
c)		•	
d)		•	
e)		•	

Appendix 5: Risk Scoring Guidance and Matrix

Score	Impact / Consequence				
	Financial	Reputational	Harm to People or Assets	Interruption to Services to Projects	Audit/ Legal/ Compliance
5. Severe	Extensive; spend exceeds available budgets	Sustained media interest, complaints, and / or loss of confidence	Multiple deaths and / or assets destroyed	Extended disruption or loss of service, or project delay	Severe penalty, criticism and / or legal action
4. Major	Major impact, but within budgets	National media interest and / or serious loss of confidence	Major injury, death, and / or assets destroyed	Major service disruption, loss of multiple services, or project delay	Major legal action, penalty, and / or criticism
3. Moderate	Manageable budget impact; spend exceeds risk owner's authority	Regional media interest and / or multiple complaints	Moderate injuries and / or damage	Some disruption to service, or project delay	Action required; and may result in criticism and / or penalty
2. Minor	Minimal budget impact; spend is within risk owner's authority	Local media interest and / or customer complaints	Minor injury and / or damage	Minor disruption to multiple services, or project delay	Action required; but unlikely to result in criticism and / or penalty
1. Negligible	None or little budget impact; spend is within risk owner's authority	None, or little, media interest; impact is in public domain, but managed	None or very minor injury and / or damage	None or little disruption to one service, or project delay	No or little query from audit body / regulator; but no criticism or action required

Likelihood	
5. Almost Certain	It is fairly certain that risk will occur, or has already occurred
4. Likely	There is a strong chance of the risk occurring
3. Possible	There is a reasonable chance of the risk occurring
2. Unlikely	There is a fairly low chance of the risk occurring
1. Almost Impossible	There is little evidence that the risk is likely to occur

