

Agenda Item 7

Strategic Risk Register



Title/Subject: Strategic Risk Register
Meeting: Audit Committee
Date: 27 June 2019
Submitted By: Chief Finance Officer
Action: For Noting

1. INTRODUCTION

- 1.1. The purpose of this report is to present the Audit Committee with a Strategic Risk Register, provide an update on risk management arrangements and set out future work in respect of risk.

2. RECOMMENDATION

The Audit Committee are asked to:

- 2.1. Note the detailed Strategic Risk Register and agree that it is presented to the IJB in September 2019.
- 2.2. Note the update on risk management arrangements and the risk related work planned for 2019/20.

3. BACKGROUND

- 3.1. The [Falkirk Integration Scheme](#) makes specific reference to Risk Management and Support Services. In relation to Risk Management two sections below are of most relevance:
- 13.2 The Parties will commit all necessary resources to support risk management by the Integration Joint Board
- 13.10 The Parties will support the Integration Joint Board to:
- a. establish risk monitoring and reporting as set out in the risk management framework; and
 - b. maintain the risk information and share with the Parties within the timescales specified.
- 3.2. In relation to Support Services, the Integration Scheme notes that
- 4.4 The Parties will provide the corporate services agreed pursuant to paragraphs 4.2 and 4.3 to the Integration Joint Board, and the provision of such support will be reviewed annually by the Parties and Integration Joint Board to ensure that the necessary support is being provided.



Risk management arrangements form part of the support services that partner organisations are required to provide to the IJB.

- 3.3. In March 2019 the Audit Committee considered the revised, high level Strategic Risk Register (SRR) and agreed that this be submitted to the IJB for approval. The IJB approved the SRR in April 2019. It was agreed at that time that a detailed risk matrix would be prepared for each high level risk identified and that these would be presented to the June 2019 Audit Committee.

4. STRATEGIC RISK REGISTER

- 4.1. The high level SRR is at Appendix 1 to this report. The SRR was completely refreshed with a different approach taken to the identification of risk. As a result the 'change' column in Appendix 1 is blank in this first iteration. Members of the Partnership Leadership Group agreed that the SRR for the IJB should have a clear focus on risks in key areas:
- Delivery of the strategic plan
 - Performance, oversight and quality control
 - Specific high level risks:
 - Unscheduled care
 - Transfer of NHS operational services
 - Brexit
- 4.2. The Lead Officers for each risk were identified and asked to complete a detailed risk matrix. For each risk this involved setting out an assessment of the likelihood of a risk materialising as well as mitigating actions that are in place or will be developed. Once completed, these matrices were reviewed by the Falkirk Council Corporate Risk Coordinator who provided scrutiny and advice to the Lead Officers. A summary of the results and the detailed risk matrices are included at Appendix 2 to this report. The risk scoring guidance and matrix is included at Appendix 3.
- 4.3. The Audit Committee is expected to receive an update of the Strategic Risk Register at each meeting. This will be particularly important as work continues to further embed a risk management culture across the Partnership. Whilst risk will be considered at each Leadership Group meeting, a formal review of the Strategic Risk Register will be undertaken by the Leadership Group in advance of each Audit Committee.
- 4.4. The Leadership Team recognised that the strategic risks of the IJB should focus on both the role of the IJB and most importantly on delivery of the strategic plan. This approach can only work where operational risks are being appropriately addressed through existing operational risk management arrangements. However, as more services are transferred to the Partnership, the Leadership Group will oversee development of an operational risk register for the Partnership.

5. RISK MANAGEMENT ARRANGEMENTS

- 5.1. Previous reports to the Audit Committee have highlighted that risk management arrangements at NHS Forth Valley have been under review. In the last month a new Head of Health and Safety has taken up post within NHS Forth Valley. A Risk Manager post is expected to be advertised soon which will report to the Head of Health and Safety. In the meantime, the Head of Health and Safety will be involved in risk management arrangements for the Falkirk IJB.
- 5.2. Falkirk Council have committed to continuing the Corporate Risk Coordinator support.
- 5.3. It is recognised that the risk management system will require ongoing review and updating to ensure the risk landscape of the IJB is comprehensive and understood by all parties. It will also need to be updated to reflect the planned structural changes for the Partnership which will impact on accountabilities and assurance arrangements. Both Partners will need to support the Partnership with work associated with risk, for example organising and facilitating risk workshops and meeting with key staff to assess and monitor risks.

6. NEXT STEPS

- 6.1. During 2019/20 work will continue to further embed risk management into the work of the IJB. This will include:
 - Linking the SRR to the other work being undertaken across the IJB, for example the delivery plan, audit work and self evaluation action plan resulting from the Ministerial Strategic Group exercise.
 - Mapping the SRR to each Partners' Corporate Risk Register, ensuring an improved awareness and escalation of risks across the Partnership.
 - Development of a risk appetite statement, or guiding principles, on when risks can be accepted, or where further mitigation is required. This can build on best practice from the Good Governance Institute.
 - Having a development session the IJB board members and key officers.

7. CONCLUSIONS

- 7.1. The report presents the Strategic Risk Register, including detailed risk matrices. These will be regularly reviewed by the Partnership Leadership Group before updates are provided to the Audit Committee.

- 7.2. An update is provided on the risk management arrangements for the IJB, noting that progress has been made in identifying a risk contact in each Partner.
- 7.3. Work is planned to further embed risk management arrangements within the work of the IJB. This will involve officers from across the Partnership.

Resource Implications

At this stage there are no resource implications arising from this report. The embedding of risk management is currently dependent on the continued resource commitment of partner organisations.

Impact on IJB Outcomes and Priorities

Key risks are failure to identify and manage the risks associated with achieving the outcomes and priorities detailed within the Strategic Plan and other plans.

Legal & Risk Implications

The key risks are failure to effectively:

- Implement the Risk Management Strategy
- Identify and assess risks associated with delivering the Strategic Plan and other plans
- Meet the requirements of the Integration Scheme
- Mitigate the potential impact on Falkirk Council and/or NHS reputational risk
- Align risk and performance arrangements.
- Provide assurances that risks are being managed effectively.

Consultation

The revised Strategic Risk Register has been developed by the Partnership Leadership Group.

Equalities Assessment

N/A

Approved for Submission by: Patricia Cassidy, Chief Officer

Author: Amanda Templeman, Chief Finance Officer




Date: 4 June 2019

List of Background Papers: n/a


FALKIRK IJB STRATEGIC RISK REGISTER

Appendix 1: Risk Summary

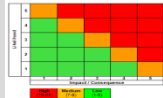
Risk Heading		LEAD OFFICER(s)	Current Risk	Target Risk	Last Reviewed	Change
1	Funding and /or demographic pressures	CHIEF FINANCE OFFICER SENIOR SERVICE MGR	High	High	May 2019	-
2	Governance arrangements	CHIEF OFFICER	High	Medium	June 2019	-
3	Partnerships	HEAD OF SERVICE	High	Low	May 2019	-
4	Capacity and infrastructure	CHIEF OFFICER HEADS OF HR	High	Low	May 2019	-
5	Directions	CHIEF FINANCE OFFICER SENIOR SERVICE MGR	High	Low	May 2019	-
6	Assurance	SENIOR SERVICE MANAGER	High	High	June 2019	-
7	Commissioning	HEAD OF SERVICE HEAD OF PROCUREMENT	High	Low	June 2019	-
8	Unscheduled Care	HEAD OF SERVICE ACUTE DIRECTOR	High	Low	May 2019	-
9	Transition of Operational Management of NHS Services to Partnerships	CHIEF OFFICER HEADS OF HR	High	Low	May 2019	-
10	Brexit	CHIEF OFFICER HEAD OF SERVICE CHIEF FINANCE OFFICER	High	High	June 2019	-


Risk Categories	Delivery of Strategic Plan (Risks 1-5)					
	Performance, Oversight & Quality Control (Risks 6-7)					
	Specific High Level Risks (Risks 8-9)					
Risk Rating	no change		reduced		increased	

Appendix 2: Risk Details


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'....	There is a risk that the IJB will fail to deliver its strategic objectives due to funding pressures and/or demographic pressures. This could be the result of: <ul style="list-style-type: none"> Failure to plan for demographic change in the medium and longer term Insufficient funding from partners Delegated services not being delivered within budget Lack of clarity around budget accountability Failure to manage and impact on set aside budgets Lack of capacity to anticipate the landscape for changes and ability to then respond Limited reliable information reporting demand and which is sophisticated enough to be used to do some predictive analysis of demand Ageing workforce and ability to retain and recruit staff 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. 	 Rationale for Risk Rating		Impact 5 Likelihood 3	Impact 5 Likelihood 2	No Change	May 2019
				High	High		
				If such a risk were to occur, it would almost certainly have a negative financial impact and therefore the impact must be 5. The likelihood is currently set at 3. This is in part because our planning and financial management abilities are impacted by the current arrangements for integration in Falkirk. Changes are planned for 2019/20 which will help to improve arrangements and which should provide more certainty over planning responsibilities, budget responsibilities etc.			
Consequences This may result in (worst case) 'z'....	Failure to deliver strategic objectives could result in vulnerable people and their carers not receiving the services they require. This could result in risks to them and liabilities on the HSCP. Key priorities of the IJB would not be met. 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. This could result in financial difficulties for the Partners. In addition, it could require drastic cuts to budgets which could impact negatively on service users and carers. Again this may impact on delivery of the strategic priorities.	Mitigating Controls		Key areas of transformation have been identified to help manage demand for example the review of assessment and planning and the adoption of a Recovery, Recuperation and Reablement care model. Regular financial reports are produced for the IJB, setting out financial risks visible in the system. 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. Budgets, directions, Financial Regulations, Reserves Policy			
Lead Officer	Chief Finance Officer/Senior Service Manager	Assurance / Reviews Mechanisms		Finance Reports Performance Reports Transformation agenda Directions to partners.			
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.						


	Due diligence of budget transferring with management responsibility for some in scope operational health services.			
	Early agreement of risk sharing protocol for 2019/20.			
	Develop an Integrated Workforce Plan			
	Develop a Medium Term Financial Plan			
Latest Note				

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’....	<p>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:</p> <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	June 2019
				High	Medium		
Consequences This may result in (worst case) ‘z’....	<ul style="list-style-type: none">Failure in Service Delivery.Failure to deliver pace and impact of Strategic Plan.	Mitigating Controls		Self Evaluation against MSG proposals. Strategic Plan Strategic Needs Assessment Strategic Planning Group Management Structure Governance Principles			
Lead Officer	Chief Officer	Assurance / Reviews Mechanisms		Audit Committee. MSG Improvement Plan – monitor of progress. Committee Structure Annual Performance Report			
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.	Aug 19					
	Implementation of Improvement Plan.						
	Council and NHS requested to confirm appropriate scheme of delegation to ensure HSCP staff are empowered to discharge their responsibilities.						
Latest Note							


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	May 2019
				High	Low		
Consequences This may result in (worst case) ‘z’....	<ul style="list-style-type: none">• silo responses impacting service users• collapse of service systems and pathways and• significantly poorer individual outcomes / service user and carer experience.	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.			
Lead Officer	Head of Service	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)	Complete March 2020	Commenced	A series of community engagement events have been facilitated – with a.			
	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	Commenced.	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.			

	Senior Leadership Team collaborative leadership development programme, which will build in linkages with leaders across all the partner sectors.	Complete March 2020	At commissioning stage	Being commissioned.
	Through establishment of appropriate locality level governance framework, development of a specific Locality Plan for each of the three new localities.	Nov 2019	Still to commence	This action will follow upon the three new posts of Integrated Locality Manager being taken up.
Latest Note				


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.	 Rationale for Risk Rating	Impact 3 Likelihood 4	Impact 2 Likelihood 2	No Change	May 2019	
			High	Low			
							<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 has been on hold until final guidance is issued by the Scottish Government. This national guidance has been outstanding for some time. In addition, it is evident that collaborative working is at an early stage across the Partnership and could be improved.</p> <p>It is hoped that both these ratings could reduce over time.</p>
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 will be developed 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			
Additional Actions	Action	Target Date	Status	Progress			
	Review the current system for Directions	Dec 2019					
	Develop an action plan from flowing from the MSG work	Dec 2019					
Latest Note							

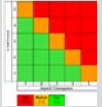
Risk No. / Title	RISK 6: Assurance	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of ‘x’ because of ‘y’....	<p>There is a risk that the IJB does not receive assurance from assurance providers in respect of performance and quality control. This could be the result of:</p> <ul style="list-style-type: none">the mechanisms to provide assurance are not effectivelack of quality control arrangementslack of capacity to effectively monitor performancePartnership risks are not escalated appropriatelyPartnerships risks are not appropriately responded to when escalatedfailure to adequately share information about service performance and quality concernslack of clarity around governance, decision-making and accountability for services at a strategic levellack 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	Impact 5 Likelihood 2	No Change	June 2019
			High	High		
Consequences This may result in (worst case) ‘z’....	<p>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.</p> <p>People who receive services and their carers do not receive the appropriate interventions to meet their needs.</p> <p>Key priorities of the IJB, as outlined in the Strategic Plan, would not be met.</p> <p>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.</p> <p>The reputation of the IJB and its partners could be negatively affected and some national media and government criticism could occur.</p>	Mitigating Controls	<p>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.</p> <p>The CCG Committee has a collective focus to drive improvement, seek assurance and focus resource.</p> <p>The CCG Committee is responsible for ensuring that the five key principles outlined in the national framework are delivered:</p> <p>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.</p> <p>The regular IJB Performance 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.</p> <p>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.</p> <p>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.</p>			


				<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>
Lead Officer	Medical Director/CSWO/Senior Service Manager	Assurance / Reviews Mechanisms		<p>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 Papers Annual Governance Statement MSG Self Evaluation.</p>
Additional Actions	Action	Target Date	Status	Progress
	Review CCG Framework			
	Develop CCG Committee workplan 2019/20			
	Continue to develop the content of the IJB Performance Report 's			
	Publish the HSCP Annual Performance Report 2018 - 19	July 2019		
	Audit Plan 2019/20			
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 ‘x’ because of ‘y’....	<p>There is a risk that the IJB fails to commission quality services from both statutory partners and the independent sector. This could be the result of:</p> <ul style="list-style-type: none">Poor oversight arrangementsLack of quality control arrangementsLack of capacity to effectively monitor performanceFailure to adequately share information	 Rationale for Risk Rating		Impact 4 Likelihood 3	Impact 4 Likelihood 1	No change	June 2019
				High	Low		
Consequences This may result in (worst case) ‘z’....	<ul style="list-style-type: none">Death or serious harm to a service user.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	Mitigating Controls		<ul style="list-style-type: none">Care Inspectorate (CI) review and monitoringProvider monitoring meetingsProvider engagement and input to contract development, with focus on recruitment, retention and training of staffOther Local Authority and Scotland Excel provider monitoring for out of area placementsService User case reviews by Adult ServicesMarket Facilitation PlanProcurement and Financial policies and guidance			
Lead Officer	Head of Adult Services Head of Procurement & Housing Property	Assurance / Reviews Mechanisms		Care Inspectorate review, monitoring and reporting system Provider monitoring and reporting by Contracts & Commissioning Officers Annual Procurement Report to the Scottish Government and the Council's Procurement Board.			
Additional Actions	Action	Target Date	Status	Progress			
	Annual contract and performance review for Home Support Service contract. (c£25m per year spend)	July 2019	In - progress	Performance and compliance survey issued to all service providers. Contract review meetings scheduled based upon risk.			
	Annual report on ‘quality and compliance across all in area providers of adult residential placements. (c£13m per year spend)	May 2019	Draft Issued	Performance across homes as measured by CI grades and formal Local Authority Interventions (i.e. Moratoriums) all showing positive movements from 2017 / 2018.			
	Annual report on in areas NCHC residential units produced to show compliance and identified risk rating of all providers. (c £20m per year spend)	July 2019	In - progress	Data collection and provider liaison continues This is supported by 1/4ly provider meetings with a focus on risk, compliance, quality and improvement.			
	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.			
	Programme of reviews of care plans costing more than £1500 per week, focusing upon residential care placements, many of which are out of area.	Completed 31/03/10	In progress	Work at present is underway to recruit a dedicated post of Community Care Worker to lead this work.			

Latest Note	
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Risk No. / Title	RISK 8: Unscheduled 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 the IJB does not deliver improvements in unscheduled care This could be the result of: <ul style="list-style-type: none">Lack of clarity around roles and responsibilities across all PartnersLack of influence on decision making in this areaInability to deliver a whole systems way of workingInability to shift resources Inability to manage demand pressure	 Rationale for Risk Rating	Impact 4 Likelihood 4	Impact 4 Likelihood 1	No Change	May 2019	
			High	Low			
							Adverse impact upon whole system effectiveness, interdependencies across other areas of activity e.g. elective care and adverse impact for individual patients and service users. Due to early stage of development of integration, and need to join up work across a range of related workstreams across acute and community based care, the risk likelihood remains concerning.
Consequences This may result in (worst case) ‘z’....	<ul style="list-style-type: none">Reduced financial control through significant budgetary overspends on institutional care (hospital and care homes), and failure to deliver national government policy of shift to community based provision (underspending on community based care).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.	Mitigating Controls		Getting Forthright Programme Oxford Brooks Institute of Public Care work programme, including Reablement approach and Home First. Further development of bed based intermediate care (Summerford and Community Hospitals) Winter Planning			
Lead Officer Lead Group (if relevant)	Head of Service and Acute Director Unscheduled Care Programme Board	Assurance / Reviews Mechanisms		Unscheduled Care Programme Board 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			
Additional Actions	Action	Target Date	Status	Progress			
	Attend HSCP forums to update on progress and agree wider system processes to address risk	March 2020	Ongoing	Local delivery teams working well together with several examples of good practice and integration			
	Data based, benchmarked whole system redesign work programme to be undertaken with support from Oxford Brooks University IPC – Professor John Bolton	Complete March 2020	Approved by IJB June	Significant progress on reduction in numbers of people delayed while awaiting package of care following review of home care. Opportunity available to increase numbers of intermediate care beds available at Summerford.			
	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.	Complete by 31 Aug 2019.	Ongoing	Progress to be reported in next review stage.			
	Development of a Delivery Plan linking in with the work with Initiative with Public Care.	31/12/19	Ongoing				
Latest Note							

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 provision Changes in management and oversight impacting negatively on quality of service delivery and/or the ability to transform services 	 Rationale for Risk Rating		impact 4 likelihood 4	impact 2 likelihood 2	No Change	May 2019
				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.	Mitigating Controls		Plans are underway to provide a shadow period whereby Managers are in place to assist with the transition. Work is also being progressed on the Head of Integration Posts x 2 and also the Locality Manager posts.			
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 services and ensure all staff are kept updated on the changes.			
Additional Actions	Action	Target Date	Status	Progress			
	Recruitment to Head of Integration x 2 (Health and Social Care)	31.05.19	Amber	Posts have been offered and accepted by the 2 successful candidates with start dates to be confirmed.			
	Recruitment to the Locality Manager posts x 2	30.06.19	Amber	Interviews will take place on 31 st May and 3 rd June 2019.			
	Ellen Hudson has been confirmed as the Senior Manager for the Shadow Period	03.06.19	Green	Ellen Hudson will move into Shadow period from 3 rd June 2019			
	Work needs to commence on a development / induction and OD Plan to support the work from Shadow into the HSCP fully	30.09.19	Red	Work needs to commence once Ellen Hudson is in post to work with the Head of Integration x 2.			
Latest Note							

Risk No. / Title	RISK 10: Brexit	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Risk Description There is a risk of ‘x’ because of ‘y’....	Brexit <ul style="list-style-type: none">Disruption to services as a result of workforce challenges and disruption to the supply chain.Workforce and supply chain challenges may lead to increased costs and hamper transformation and financial efficiencies.Economic risks associated with Brexit may result in reduced funding available for health and social care.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.A key risk is that the “unknowns” associated with Brexit mean it is difficult to plan effectively for Brexit.	 Rationale for Risk Rating		Impact 4 Likelihood 3	Impact 4 Likelihood 3	No Change	May 2019
				High	High		
Consequences This may result in (worst case) ‘z’....	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. 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.	Mitigating Controls		Working with the Scottish Government, and local Partners to assess the risks and look at mitigation. Many of the issues that could arise in Health & Social Care following EU Exit are not necessarily unique to that context. For example, shortage of medicines / supplies, difficulties with workforce recruitment and retention, and other challenges - albeit on a more limited basis. With this as a backdrop, there are established protocols for managing and reporting			
Lead Officer	Chief Officer/Head of Service/Chief Finance Officer	Assurance / Reviews Mechanisms		Brexit Risk Register Vigilance in monitoring and reporting any emerging adverse consequences. Adherence to advice and guidance emerging from Falkirk Council's and NHS FV's own corporate responses to the Brexit risk.			
Additional Actions	Action	Target Date	Status	Progress			
	<ul style="list-style-type: none">Utilise the resilience plan to ensure appropriate prioritisation of care and support for vulnerable adults and carers.						
	<ul style="list-style-type: none">Link with NHS colleagues to mitigate any impact on unscheduled care flow between community and hospital						
	<ul style="list-style-type: none">Identify and monitor potential risks to safety through ASW SMT reporting through ASP committee and Care & Clinical Governance Committee						
	<ul style="list-style-type: none">Identify if any contingency funds will be required. Continuous review of any emerging or anticipated financial pressures						
	<ul style="list-style-type: none">Communications and Messaging – SG developing at a National level						
	<ul style="list-style-type: none">Chief Officer will ask NHS FV for an update on the risks relating to GP / Primary Care (note: NHS FV have operational responsibility for risks)						
	<ul style="list-style-type: none">Council & NHS Emergency Planning Officers are working with the Lead Officer to develop SG (Hub) reporting - needs to reflect Health & Social Care interests						

Latest Note

Brexit Planning is likely to increase at a local and national level now that elections are complete and as we approach the exit date.

Risk Scoring Guidance and Matrix

<u>Impact / Consequence</u>					
Score	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

<u>Likelihood</u>	
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

Likelihood	5					
	4					
	3					
	2					
	1					
			1	2	3	4
Impact / Consequence						
High (16-25)		Medium (7-9)		Low (1-6)		

High risks may be either:

within the IJB's risk tolerance (meaning that the Lead Officer considers the current controls are proportionate **and effective**); or
above the IJB's risk tolerance (meaning that the Lead Officer considers that additional actions are necessary to reduce the risk).

If the risk is above the risk tolerance, the Strategic Risk Register should include a Target Risk Level and Actions.

Medium risks are within the IJB's risk tolerance, meaning controls / mitigation are proportionate **and effective** (additional actions are not essential, but should be recorded in the Strategic Risk Register where relevant).

These do not need to be included within Strategic Risk Register reports. Partners/ Teams should monitor these at an operational level and, if the risk increases, they should be escalated as High or Medium risks.

Key: Change in Current Risk Rating:	No Change 	Reduced 	Increased 		
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