

# **Agenda Item**

**11**



**Title/Subject:** Strategic Risk Register  
**Meeting:** Integration Joint Board  
**Date:** 6 December 2019  
**Submitted By:** Chief Finance Officer  
**Action:** For Decision

## **1. INTRODUCTION**

- 1.1. The purpose of this report is to present the Integration Joint Board with an updated Strategic Risk Register.

## **2. RECOMMENDATION**

The Integration Joint Board is asked to:

- 2.1 approve the Strategic Risk Register.

## **2 BACKGROUND**

- 2.1 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.

- 2.2 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.

- 2.3 In June 2019 the Audit Committee considered the revised, high level Strategic Risk Register (SRR) and agreed that this should be submitted to the IJB for information. However, due to the size of the September IJB agenda, the SRR



wasn't presented. In September 2019 the Audit Committee considered an updated and agreed that this version should be submitted to the IJB.

### **3 STRATEGIC RISK REGISTER**

- 3.1 The high level SRR is at Appendix 1 to this report. The SRR was considered by the Audit Committee in September 2019 and is regularly reviewed and updated by the Falkirk Leadership Group.
- 3.2 The Lead Officers for each risk are asked to update the detailed risk matrix for their area as appropriate. The detailed risk matrices are included at Appendix 2 to this report. The risk scoring guidance and matrix is included at Appendix 3.
- 3.3 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.
- 3.4 The Leadership Group 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, building on existing risk registers.
- 3.5 The Audit Committee will receive an updated SRR at it's next meeting on 16 December. Prior to this, the Leadership Group will review the attached SRR. This work reflects that the SRR is seen as a responsive, dynamic document.

### **4 NEXT STEPS**

- 5.1 The report to the Audit Committee set out the next steps to be taken to better embed risk management into the IJB's everyday business. These were:
  - 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 with the IJB board members and key officers.
- 5.2 Work continues in these areas. It will be important that Partners support this work and provide appropriate resource to the IJB.

## **5 CONCLUSIONS**

- 5.1 The report presents the Strategic Risk Register, including detailed risk matrices. These will be regularly reviewed by the Falkirk Leadership Group before updates are provided to the Audit Committee and the IJB. Work continues to better embed risk management into the everyday work and activity of the IJB and 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. As work continues to better embed risk management, resource from Partners will become increasingly important.

### **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

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Approved for Submission by: Patricia Cassidy, Chief Officer

**Author: Amanda Templeman, Chief Finance Officer**




**Date: 12 November 2019**

**List of Background Papers:**


## 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	Sept 2019	-
2	Governance arrangements	CHIEF OFFICER	High	Medium	Sept 2019	-
3	Partnerships	HEADS OF INTEGRATION	High	Low	Sept 2019	-
4	Capacity and infrastructure	CHIEF OFFICER HEADS OF HR	High	Low	Sept 2019	-
5	Directions	CHIEF FINANCE OFFICER SENIOR SERVICE MGR	High	Low	Sept 2019	-
6	Assurance	SENIOR SERVICE MANAGER	High	High	Sept 2019	-
7	Commissioning	HEADS OF INTEGRATION HEAD OF PROCUREMENT	High	Low	Sept 2019	-
8	Whole Systems Transformation	HEADS OF INTEGRATION ACUTE DIRECTOR	High	Low	Sept 2019	-
9	Transition of Operational Management of NHS Services to Partnerships	CHIEF OFFICER HEADS OF HR	High	Low	Sept 2019	-
10	Brexit	CHIEF OFFICER HEADS OF INTEGRATION CHIEF FINANCE OFFICER	High	High	Sept 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
<b>Risk Description</b>  There is a risk of 'x' because of 'y'....	<p>There is a risk that the IJB will fail to deliver its strategic objectives due to funding pressures and/or demographic pressures. This could be the result of:</p> <ul style="list-style-type: none"> <li>Failure to plan for demographic change in the medium and longer term</li> <li>Insufficient funding from partners</li> <li>Delegated services not being delivered within budget</li> <li>Lack of clarity around budget accountability</li> <li>Failure to manage and impact on set aside budgets</li> <li>Lack of capacity to anticipate the landscape for changes and ability to then respond</li> <li>Limited reliable information reporting demand and which is sophisticated enough to be used to do some predictive analysis of demand</li> <li>Ageing workforce and ability to retain and recruit staff</li> <li>Failure of the partnership to agree and implement a Recovery, Recuperation, Reablement, Rehabilitation and Progression care model</li> <li>Interdependency with decisions of Clackmannanshire and Stirling IJB re Forth Valley wide services.</li> </ul>	 <p><b>Rationale for Risk Rating</b></p>	Impact 5 Likelihood 4	Impact 5 Likelihood 2	Likelihood increased from 3 to 4	September 2019
			High	High	-	
			<p>If such a risk were to occur, it would almost certainly have a negative financial impact and therefore the impact must be 5.</p> <p>The likelihood is currently set at 4. This is in part because our planning and financial management abilities are impacted by the current arrangements for integration in Falkirk.</p> <p>Some of the changes planned for 2019/20 have not yet happened. This includes agreeing governance to provide more certainty over planning responsibilities, budget responsibilities etc. This would help to improve arrangements.</p>			
<b>Consequences</b>  This may result in (worst case) 'z'....	<p>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.</p> <p>Without appropriate planning, the IJB could incur a significant overspend. This would result in either reserves being used for purposed other than intended and/or the Partners (Council and NHS) being liable for additional funding at the year end.</p> <p>Failure of the Partners to reach a risk sharing agreement, could negatively impact on the work of the IJB, making it harder to reach consensus and work collaboratively.</p> <p>Any risk sharing agreement could result in financial difficulties for the Partners.</p> <p>In addition, it could require drastic cuts to budgets which could impact negatively on service users. Again, this may impact on delivery of the strategic priorities.</p>	<b>Mitigating Controls</b>	<p>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, with the focus on "Home First".</p> <p>Regular financial reports are produced for the IJB, setting out financial risks visible in the system.</p> <p>Budget offers from each Partner are reviewed annually and associated risks highlighted. Due diligence is undertaken to ensure that each Partner is aware of the risk in their area and efforts made to ensure that the mitigation is being developed.</p> <p>A risk sharing agreement process is set out in the Integration Scheme. This is currently an annual process but as the Partnership develops, the aim will be to move to a long term arrangement.</p> <p>Budgets, directions, Financial Regulations, Reserves Policy</p>			

Lead Officer	Chief Finance Officer/Senior Service Manager	Assurance / Reviews Mechanisms		Finance Reports Performance Reports Transformation agenda Directions to partners Audit Reports
Additional Actions	Action	Target Date	Status	Progress
	Development of a delivery transformation plan to include the proposed Recovery, Recuperation, Reablement, Rehabilitation and Progression care model.	November 2019	Amber	A delivery plan is being drafted which sets out a significant programme of transformation. The aim will be to bring this back to the IJB in November as part of the Business Plan process.
	Due diligence of budget transferring with management responsibility for some in scope operational health services.	November 2019	Amber	An update report to the September 2019 IJB noted that whilst some work has happened in this area, progress has not been at the pace expected.
	Early agreement of risk sharing protocol for 2019/20.	November 2019	Red	To date no agreement has been reached. The finance report to the September IJB provided some update in this area but the Partners are yet to confirm their respective positions.
	Develop an Integrated Workforce Plan			
	Develop a Medium Term Financial Plan	November 2019	Amber	The aim will be to bring the MTFP to the IJB in November as part of the Business Plan process. A clear link to the delivery plan will be needed.
Latest Note				




Risk No. / Title	RISK 2: Governance arrangements	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Risk Description</b>  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"><li>A lack of clarity around the separate roles of the IJB, HSCP, Council, NHS Board and other partners, including Clackmannanshire and Stirling IJB.</li><li>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.</li></ul>	 <b>Rationale for Risk Rating</b>		Impact 4 Likelihood 3	Impact 3 Likelihood 2	No Change	September 2019
				High	Medium		
<b>Consequences</b>  This may result in (worst case) ‘z’....	<ul style="list-style-type: none"><li>Failure in Service Delivery.</li><li>Failure to deliver pace and impact of Strategic Plan.</li></ul>	<b>Mitigating Controls</b>		HSCP Leadership Group Self Evaluation against MSG proposals. Strategic Plan Strategic Needs Assessment Strategic Planning Group Management Structure Governance Principles			
<b>Lead Officer</b>	<b>Chief Officer</b>	<b>Assurance / Reviews Mechanisms</b>		Audit Committee. MSG Improvement Plan – monitor of progress. Committee Structure Annual Performance Report			
<b>Additional Actions</b>	<b>Action</b>	<b>Target Date</b>	<b>Status</b>	<b>Progress</b>			
	NHS FV to review Standing Orders to ensure HSCP managers, CFO and CO have appropriate authority to manage staff and resources.	Aug 19	Green	NHS FV have reviewed their standing orders  NHS FV presented a report to the IJB on 6 September 2019 that provided assurance that appropriate financial processes and systems are in place to enable the Chief Officer to exercise the effective management control of resources.			
	Implementation of MSG Improvement Plan.	Dec 2020	Amber	MSG action plan has been approved by the IJB in September 2019, albeit further work is required to ensure the actions are SMART. Progress with implementation will be monitored.			
	Council and NHS requested to confirm appropriate scheme of delegation to ensure HSCP staff are empowered to discharge their responsibilities.	TBC	TBC	This will form part of the due diligence work on the transfer of operational management of NHS services. The Scottish Government are completing national review of Standing Orders, including the Scheme of Delegation and this will inform further work.			
	To support the implementation of the MSG Improvement Plan, a programme of collaborative leadership in practice sessions is being developed with the IJB.	Mar 2020	Amber	First session of the CLiP work has highlighted issues to be resolved. Some of the fundamental issues will take some time to resolve.			


Risk No. / Title	RISK 3: Partnerships	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Risk Description</b>  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>	 <b>Rationale for Risk Rating</b>		Impact 4 Likelihood 3	Impact 4 Likelihood 1	No Change	September 2019
				High	Low		
<b>Consequences</b>  This may result in (worst case) ‘z’....	<ul style="list-style-type: none"><li>Isolated, costly responses impacting service users</li><li>collapse of service systems and pathways and</li><li>significantly poorer individual outcomes / service user and carer experience.</li><li>Inability to develop the model for resilient communities.</li></ul>	<b>Mitigating Controls</b>		Commitment to participation in key governance arrangements, for example the Housing Contribution Group, Strategic Planning Group, Unscheduled Care Programme Board. Participation and engagement is threaded through all service redesign programmes, e.g. the commissioning of In Control Scotland to support engagement with communities around redesign of day services. Regular Service Manager led engagement meetings with independent sector provider partners to share strategic priorities and check alignment of their service offer with demand. Commissioned external support (see additional actions below). Participation and engagement strategy in place. Market Facilitation Plan. Children’s Commission ASP Committee			
<b>Lead Officer</b>	<b>Heads of Integration</b>	<b>Assurance / Reviews Mechanisms</b>		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.			
<b>Additional Actions</b>	<b>Action</b>	<b>Target Date</b>	<b>Status</b>	<b>Progress</b>			
	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 partners.			
	Take forward programme of work around reablement, care pathway redesign an unscheduled Care with Oxford Brooks University – this work will enable building of relationships,	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.			

	particularly with colleagues in acute health care sector and third sector.			
	Senior Leadership Team collaborative leadership development programme, which will build in linkages with leaders across all the partner sectors.	Complete March 2020	Commenced.	Programme of work has now been commissioned and will start in October 2019.
	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.
	Recruit to the third vacant Locality Manager post.			Recruitment to date has been unsuccessful and will go back out to advert.
	Transfer of ADP Lead			
<b>Latest Note</b>				




Risk No. / Title	RISK 5: Directions	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Risk Description</b>  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"><li>Poorly drafted Directions, which do not set out a clear decision from the IJB.</li><li>Poor processes which do not ensure that Directions are developed as a result of a collaborative approach to service redesign and transformation</li><li>Failure of partners to engage in collaborative approaches to develop Directions for consideration by the Board</li><li>A decision by the partners to disregard the Directions or partly implement, or not deliver within the required timeframe</li><li>Failure to monitor implementation of the issued Directions to partners</li><li>Failure of the IJB to agree and issue Directions.</li></ul>	 <b>Rationale for Risk Rating</b>		Impact 3 Likelihood 4	Impact 2 Likelihood 2	No Change	September 2019
				High	Low		
<b>Consequences</b>  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>	<b>Mitigating Controls</b>		<p>The Strategic Plan is approved by the IJB and includes both Health Board and Council members. It should therefore represent a shared vision for future service delivery.</p> <p>An action plan has been approved by the IJB, flowing from the self evaluation work completed as part of the Ministerial Strategic Group (MSG) review on progress with Integration. This action plan should ensure improved governance processes, and that informed and evidence based decisions are made by the appropriate people. Directions should flow from this work.</p>			
<b>Lead Officer</b>	<b>Chief Finance Officer/Senior Service Manager</b>	<b>Assurance / Reviews Mechanisms</b>		IJB reports and minutes			
<b>Additional Actions</b>	<b>Action</b>	<b>Target Date</b>	<b>Status</b>	<b>Progress</b>			
	Review the current system for Directions	Dec 2019	Amber	Work is scheduled to complete the review of Directions. However, work pressures have delayed efforts to date. The aim will be to pick this up again in time for the December deadline.			
	Implement the action plan from flowing from the MSG work	Dec 2020	TBC	An action plan has been developed from the MSG work. Further work			

				is required to consider how this will impact on Directions, particularly the need to ensure that a Direction is the result of a collaborative process.
Latest Note				

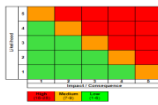
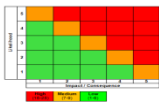
Risk No. / Title	RISK 6: Assurance	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Risk Description</b>  There is a risk of 'x' because of 'y'....	<p>There is a risk that the IJB does not receive assurance from assurance providers in respect of performance and quality control. This could be the result of:</p> <ul style="list-style-type: none"><li>the mechanisms to provide assurance are not effective</li><li>lack of quality control arrangements</li><li>lack of capacity to effectively monitor performance</li><li>Partnership risks are not escalated appropriately</li><li>Partnerships risks are not appropriately responded to when escalated</li><li>failure to adequately share information about service performance and quality concerns</li><li>lack of clarity around governance, decision-making and accountability for services at a strategic level</li><li>lack of clarity around roles and responsibilities across all partners for in-scope IJB functions and services at an operational level</li></ul>	 <b>Rationale for Risk Rating</b>	Impact 5 Likelihood 3	Impact 5 Likelihood 2	No Change	September 2019
			High	High		
						If such a risk were to occur, it would almost certainly have a risk to people who use services, carers and employees. This would also have a negative reputational impact and therefore the impact must be 5.  The likelihood is currently set at 3. This is in part because of the range of reporting arrangements in place, which help to mitigate the risks. There are additional actions proposed that could further improve reporting arrangements that would reduce the likelihood to 2.
<b>Consequences</b>  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>	<b>Mitigating Controls</b>	IJB Clinical and Care Governance Committee oversee quality of care provided, reporting to the IJB. This provides assurance to the Board, NHS Forth Valley and Falkirk Council that clinical and care governance, as part of the planning and delivery of services, is being delivered effectively.  The CCG Committee has a collective focus to drive improvement, seek assurance and focus resource.  The CCG Committee is responsible for ensuring that the five key principles outlined in the national framework are delivered:  The operation of the Clinical and Care Governance Framework meets the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and the Falkirk Health and Social Care Integration Scheme.  The regular IJB Performance Monitoring Reports ensure the Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and performance against relevant targets and measures set out in the Strategic Plan. The HSCP Annual Performance Report provides a mechanism to report performance against the Strategic Plan. This ensures that performance is open and accountable and sets out an assessment of performance in carrying out the integration functions.  The Chief Social Work Officer (CSWO) provides professional governance, leadership and accountability for the delivery of Social Work and social care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority.  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.  The CSWO is required to ensure that all social services workers meet the requirements of the Scottish Social Services Council (SSSC) Codes of Practice.  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.	
Lead Officer	Medical Director/CSWO/Senior Service Manager	Assurance / Reviews Mechanisms		IJB minutes and reports Clinical Care Governance Committee minutes and reports National IJB Clinical and Care Governance Framework Falkirk HSCP Clinical and Care Governance Framework IJB Performance reports and Annual Performance reports Chief Social Work Officer Annual report Audit Committee Papers Annual Governance Statement MSG Self Evaluation.
Additional Actions	Action	Target Date	Status	Progress
	Review CCG Framework			Revised Terms of Reference were considered by the Committee at its meeting on 20 June 2019. The Committee agreed that they be further revised to include information submitted to the NHS Forth Valley Clinical Governance Committee. A revised document was presented to the CCGC on 22 August 2019.  The Terms of Reference were presented to the IJB on 6 September 2019.
	Develop CCG Committee workplan 2019/20			
	Continue to develop the content of the IJB Performance Monitoring Report 's	Ongoing		The Performance Monitoring Report continues to be developed. This includes work ongoing to develop local indicators aligned to the new Strategic Plan priorities.
	Review the IJB Performance Management Framework agreed by the IJB in 2016 (new action)	March 2020		
	Publish the HSCP Annual Performance Report 2018 - 19	July 2019	Complete	Annual Performance Report published by 31 July 2019 and presented to the IJB Meeting on 6 September 2019 for noting.
	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
<b>Risk Description</b>  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"><li>Poor oversight arrangements</li><li>Lack of quality control arrangements</li><li>Lack of capacity to effectively monitor performance</li><li>Failure to adequately share information</li></ul>	 <b>Rationale for Risk Rating</b>	Impact 4 Likelihood 3	Impact 4 Likelihood 1	No change	September 2019	
			High	Low			
			Impact of failure to manage risk is major e.g.: possible major injury or death. Due to controls in place, the likelihood of risk occurring is considered reasonable, with possible chance of occurring				
<b>Consequences</b>  This may result in (worst case) ‘z’....	<ul style="list-style-type: none"><li>Death or serious harm to a service user.</li><li>Significant Case Reviews / Fatal Accident Enquiries / Court / Prosecution or other external legal interventions.</li><li>Potential compensation claims.</li><li>External criticism / intervention (e.g. Care Inspectorate). Reputational damage to the IJB and Partners</li></ul>	<b>Mitigating Controls</b>		<ul style="list-style-type: none"><li>Care Inspectorate (CI) review and monitoring</li><li>Provider monitoring meetings</li><li>Provider engagement and input to contract development, with focus on recruitment, retention and training of staff</li><li>Other Local Authority and Scotland Excel provider monitoring for out of area placements</li><li>Service User case reviews by Adult Services</li><li>Market Facilitation Plan</li><li>Procurement and Financial policies and guidance</li></ul>			
<b>Lead Officer</b>	<b>Heads of Integration</b>  <b>Head of Procurement &amp; Housing Property</b>	<b>Assurance / Reviews Mechanisms</b>		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.			
<b>Additional Actions</b>	<b>Action</b>	<b>Target Date</b>	<b>Status</b>	<b>Progress</b>			
	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)	August 2019	Report Issued	<p>The report provided a detailed breakdown of the performance for each of the 11 Adult residential Care Homes in the Falkirk Council area for client groups under 65 (covering Learning Disabilities, physical disabilities, MH, complex care).</p> <p>Performance across the homes is measured with reference to Care Inspectorate grades/reports, analysis from contract monitoring and reference to Local Authority Interventions (i.e. Moratoriums and Large Scale investigations).</p> <p>At the time the report was issued 2 homes had moratoriums in place. There are clear action plans in place to support ongoing work with the Care Inspectorate, Adults services, Health and the Providers to deliver improvements at both resources and to ensure the best possible outcomes for supported people.</p>			

	Annual report on in areas NCHC residential units produced to show compliance and identified risk rating of all providers. (c £20m per year spend)	May 2019	Report Issued	<p>The report provided a detailed breakdown of the performance for each of the 21 older people's residential and nursing care homes in the Falkirk Council area, including 5 local authority homes and 16 independent sector homes.</p> <p>Performance across the Care Homes is measured with reference to Care Inspectorate grades/reports, analysis from contract monitoring and with reference to Local Authority Interventions (i.e. Moratoriums and Large Scale investigations).</p> <p>During the 2018-19 financial year there was 1 moratorium on new admissions. There are clear action plans in place to support ongoing work with the Care Inspectorate, Adults Services, Health and the Providers to deliver improvements at the resource and to ensure the best possible outcomes for supported people.</p> <p>This annual report detailed the changes in the Care Inspectorate inspection framework, noted the demographic impact for older people, listed the key performance indicators which Providers are measured against, and made recommendations for future commissioning.</p>
	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.	30/09/20	Amber	Work is underway to recruit a dedicated post of Community Care Worker to lead this work.
	Prepare a Market Facilitation Plan 2020 – 2023	April 2020	In progress	The Board agreed in April to extend the current Market Facilitation Plan pending work to refresh the plan. The work to date has included engagement sessions with the Strategic Planning Group, Community Care and Health Forum and an event to take place in September with providers.
<b>Latest Note</b>				

Risk No. / Title	RISK 8 – Whole Systems Transformation		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Risk Description</b>  There is a risk of 'x' because of 'y'....	<p>There is a risk that the IJB does not deliver transformational change across the whole health and social care system. This could be the result of:</p> <ul style="list-style-type: none"> <li>Lack of clarity around roles and responsibilities across all Partners</li> <li>Lack of influence on decision making in key areas</li> <li>Lack of lived experience informing the redesign work</li> <li>Poor commissioning practice/unclear Directions</li> <li>Inability to deliver a whole systems way of working with transformation happening in silos and not creating a cohesive system</li> <li>Inability to shift resources</li> <li>Inability to manage demand pressures</li> <li>Lack of capacity, information and resources to deliver the transformational change programme</li> <li>Lack of staff engagement, including the Third and Independent sectors</li> </ul> <p>Failure to deliver national government policy of shift to community based provision.</p>	<b>Risk Scoring</b>	 <p>Impact 4 Likelihood 4</p>	 <p>Impact 3 Likelihood 1</p>	N/A New	September 2019
<b>Consequences</b>  This may result in (worst case) 'z'....	<ul style="list-style-type: none"> <li>Poor patient/service user flow through the system.</li> <li>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.</li> <li>Poor performance leading to bottlenecks within the system, for example missing SG targets; delays in discharge; waits for home care; waits for care home and waits for services provided by the third sector.</li> <li>Reduced financial control through significant budgetary overspends on institutional care (hospital and care homes); resources not being shifted to community based services; silo working leading to budgets not losing identity</li> </ul>	<b>Rationale for Risk Rating</b>	<p>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.</p> <p>Due to early stage of development of integration, and the need to join up work across a range of related workstreams for both acute and community based care, the likelihood of the risk occurring remains concerning.</p> <p>To date various pieces of work have been identified that would have an impact on the whole system. Work is progressing under the "Home First" workstream. This covers both unscheduled care and promoting independence. It will be critical to ensure that workstreams align effectively and that the IJB is able to influence changes to systems, to ensure a "whole systems" approach.</p>			

<b>Mitigating Controls</b>	Falkirk HSCP Unscheduled Care Programme Board NHS FV Unscheduled Care Programme Board Getting Forthright Programme Oxford Brooks Institute of Public Care work programme. Further development of bed based intermediate care (Summerford and Community Hospitals) Review of models of Home Care provision services and Assessment and Care Management practice and processes Locality Team development including work in relation to building resilient communities (supported by National Development Team of Inclusion).	<b>Assurance / Reviews Mechanisms</b>		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 Home Care Operational Steering Group Joint Staff Forum Establishment of Assessment and Care Management Review Board Community Led Support Steering Group IJB reports
<b>Lead Officer</b>	<b>Heads of Integration/Director of Acute Services</b>	<b>Lead Group (if relevant)</b>		Oversight from Falkirk Partnership Leadership Group and NHS FV Unscheduled Care Programme Board
<b>Additional Actions</b>	<b>Action</b>	<b>Target Date</b>	<b>Status</b>	<b>Progress</b>
	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	Green	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.  Approved by IJB in June 2019
	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.	Red	Work is still underway in this area.
	Establish Locality Leadership Teams to drive forward the resilient communities workstreams.			2 of the 3 Locality Manager posts have been filled. The third is going out to advert again shortly. Locality Managers have taken the lead role in the Community Led Support development, working in partnership with NDTI.
<b>Latest Note</b>	Work continues between the partners to deliver improvements across the whole system. An report on the establishment of the Falkirk Partnership Unscheduled Care Programme Board, including a commitment to develop a Falkirk HSCP Unscheduled Care Plan was presented to the September 2019 IJB.			

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
<b>Risk Description</b>  There is a risk of ‘x’ because of ‘y’.....	There is the risk of: <ul style="list-style-type: none"><li>Lack of continuity of service provision</li><li>Changes in management and oversight impacting negatively on quality of service delivery and/or the ability to transform services</li></ul>	 <b>Rationale for Risk Rating</b>		impact 4 likelihood 4	impact 2 likelihood 2	No Change	September 2019
				High	Low		
<b>Consequences</b>  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.	<b>Mitigating Controls</b>		Plans are underway to provide a shadow period whereby Managers are in place to assist with the transition.			
Work is underway to finalise the management structure that will support the Heads of Integration and Locality Managers. This is being supported by HR colleagues in NHS FV and Falkirk Council.							
				Due diligence process to be completed.			
<b>Lead Officer</b>  <b>Lead Group (if relevant)</b>	<b>Chief Officer</b>  <b>HSCP Leadership Group</b>	<b>Assurance / Reviews Mechanisms</b>		There will be a Senior Manager in place for the period of the shadow term to assist with the transition to the Head of Integration and Locality Managers. This is to provide a consistency in the provision of health services and ensure all staff are kept updated on the changes.			
<b>Additional Actions</b>	<b>Action</b>	<b>Target Date</b>	<b>Status</b>	<b>Progress</b>			
	Recruitment to Head of Integration x 2 (Health and Social Care)	31.05.19	Complete	Heads of Integration recruited and in post since July 2019.			
	Recruitment to the Locality Manager posts x 2	30.06.19	Complete	Two of the three Locality Manager posts have been recruited and in post since July 2019.			
	Associate Director of Nursing has been confirmed as the Senior Manager for the Shadow Period for Health services, including the Community Hospital.	03.06.19	Green	Ellen Hudson will move into Shadow period from 3 <sup>rd</sup> June 2019			
	Due diligence process needs to be concluded and reported to the IJB. This will enable a date to be agreed for the transfer of health services to the HSCP.	TBC	Amber				
	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 Heads of Integration x 2.			
<b>Latest Note</b>							

Risk No. / Title	RISK 10: Brexit	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Risk Description</b>  There is a risk of ‘x’ because of ‘y’.....	Brexit <ul style="list-style-type: none"><li>Disruption to services as a result of workforce challenges and disruption to the supply chain.</li><li>Workforce and supply chain challenges may lead to increased costs and hamper transformation and financial efficiencies.</li><li>Economic risks associated with Brexit may result in reduced funding available for health and social care.</li><li>Political impact of reduced supplies on vulnerable adults and families.</li><li>Health and well-being impact of reduced supplies and available workforce on vulnerable adults and families.</li><li>A key risk is that the “unknowns” associated with Brexit mean it is difficult to plan effectively for Brexit.</li></ul>	 <b>Rationale for Risk Rating</b>		Impact 4 Likelihood 3	Impact 4 Likelihood 3	No Change	September 2019
				High	High		
<b>Consequences</b>  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.	<b>Mitigating Controls</b>		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			
<b>Lead Officer</b>	<b>Chief Officer/Heads of Integration/Chief Finance Officer</b>			<b>Assurance / Reviews Mechanisms</b>		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.	
<b>Additional Actions</b>	<b>Action</b>	<b>Target Date</b>	<b>Status</b>	<b>Progress</b>			
	<ul style="list-style-type: none"><li>Utilise the resilience plan to ensure appropriate prioritisation of care and support for vulnerable adults and carers.</li></ul>	Ongoing	Green	This already takes place and will be utilised to monitor the ongoing situation			
	<ul style="list-style-type: none"><li>Link with NHS colleagues to mitigate any impact on unscheduled care flow between community and hospital</li></ul>	Ongoing	Green	Multiagency winter planning arrangements in place along with joint meetings including NHS FV Senior Leadership Team which is overseeing any issues in relation to EU-Exit. The HSCP Leadership Group has representation from the Council, NHS, Health and Social Care staff			
	<ul style="list-style-type: none"><li>Identify and monitor potential risks to safety through ASW SMT reporting through ASP committee and Care &amp; Clinical Governance Committee</li></ul>	Ongoing	Green	Monitoring and reporting framework in place to assess any impacts on services. Also risk assessment processes in place with impacts reported to appropriate governance committees.			
	<ul style="list-style-type: none"><li>Identify if any contingency funds will be required. Continuous review of any emerging or anticipated financial pressures</li></ul>	Ongoing	Green	Resource risks identified mainly relate to currency fluctuations and impacts on additional costs with no additional funding requirements identified at this point. Finance officers will continue to monitor resource implications			

	<ul style="list-style-type: none"> <li>Communications and Messaging – SG developing at a National level</li> </ul>	Ongoing	Amber	Key messages, staff briefing information produced for NHS staff To confirm position with social care staff.
	<ul style="list-style-type: none"> <li>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)</li> </ul>	Ongoing	TBC	
	<ul style="list-style-type: none"> <li>Council &amp; NHS Emergency Planning Officers are working with the Lead Officer to develop SG (Hub) reporting - needs to reflect Health &amp; Social Care interests</li> </ul>	Ongoing	Amber	<p>Monitoring and reporting framework in place to assess any impacts on services which reports through the Resilience Partnership and Scottish Government Health and Social Care Hub.</p> <p>Issues impacting on Health and Social Care have been reported including potential impact on Independent and Third Sector Service Providers with further work commissioned on this topic.</p> <p>A meeting is being held in September with appropriate reps from HSCP to ensure all areas are fully covered.</p>
	<ul style="list-style-type: none"> <li>Regular liaison with colleagues in Procurement and Scotland Excel to ensure issues like food availability are fully understood. In addition, assurance required to ensure that Providers are addressing Brexit related risks effectively and that service disruption will be minimised.</li> </ul>	Ongoing	TBC	
<b>Latest Note</b>	<p>Brexit Planning is likely to increase at a local and national level now that elections are complete and as we approach the exit date.</p> <p>Risk Reviewed and updated by Council &amp; NHS Emergency Planning Officers.</p> <p>All actions are ongoing as this is a very fluid and evolving situation.</p>			

**Risk Scoring Guidance and Matrix**

<b><u>Impact / Consequence</u></b>					
<b>Score</b>	<b>Financial</b>	<b>Reputational</b>	<b>Harm to People or Assets</b>	<b>Interruption to Services to Projects</b>	<b>Audit/ Legal/ Compliance</b>
<b>5. Severe</b>	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
<b>4. Major</b>	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
<b>3. Moderate</b>	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
<b>2. Minor</b>	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
<b>1. Negligible</b>	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

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

Likelihood	5					
	4					
	3					
	2					
	1					
			1	2	3	4
Impact / Consequence						
High (10-25)		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.

<b>Key: Change in Current Risk Rating:</b>	<b>No Change</b>		<b>Reduced</b>		<b>Increased</b>			
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