

## **Agenda Item 4**

# **Strategic Risk Register**



## Falkirk Integration Joint Board Audit Committee

5 March 2021

Strategic Risk Register

For Noting

### 1. Executive Summary

- 1.1 This paper provides an update on the IJB's strategic risk register.
- 1.2 There are 11 live risks recorded in the register, 8 are currently considered as high risk and 3 as medium risk.
- 1.3 No new risks have been added to the register since the last version presented to the Audit Committee on 4 December 2020

### 2. Recommendations

The Audit Committee is asked to:

- 2.1 Consider the draft strategic risk register at Appendix 1
- 2.2 Note that the strategic risk register will be reviewed by the Senior Leadership Group in March 2021.

### 3. Background

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

### 4. Strategic Risk Register

- 4.1 The strategic risk register was updated by Lead Officers in early February and will be considered by the Senior Leadership Team (SLT) in March 2021.
- 4.2 At present there are 11 active risks recorded on the register, categorised

according to:

- their impact on delivery of the IJB strategic plan
- performance oversight and quality issues
- specific high level risks.

4.3 Of the 11 active risks, 8 are currently considered as high risk and 3 as medium risk. This represents a favourable change compared to the position reported to the Audit Committee in December (on account of risk 2 and 5 which have moved from high risk to medium risk). The table below presents a high level summary of the position and further detail is provided at appendix 1.

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

Risk Heading	Lead Officer(s)	Current Risk (with controls)	Target Risk (after actions)	Last Reviewed	Change
1. Funding and /or demographic pressures	Chief Finance Officer Senior Service Mgr	High	High	Feb 2021	↔
2. Governance arrangements	Chief Officer	Medium	Medium	Feb 2021	↓
3. Partnerships	Heads of Integration	High	Low	Feb 2021	↔
4. Capacity and infrastructure	Chief Officer Heads of HR	Medium	Low	Feb 2021	↔
5. Directions	Chief Finance Officer Senior Service Mgr	Medium	Low	Feb 2021	↓
6. Assurance	Senior Service Manager/Medical Director/CSWO	High	High	Feb 2021	↔
7. Commissioning	Heads of Integration/ Head of Procurement, Housing & Property	High	Low	Feb 2021	↔
8. Whole Systems Transformation	Director of Acute Services/Heads of Integration	High	Low	Feb 2021	↔
9. Transition of Operational Management of NHS Services to Partnerships	Chief Officer/ Leadership group	High	Low	Feb 2021	↔
10. Resilience & Business Continuity	Heads of Integration/Chief Finance Officer	High	Medium	Feb 2021	↔
11. Primary Care	General Manager (primary care)	High	High	Feb 2021	↔

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

## 5. Conclusions

- 5.1 The strategic risk register is a live dynamic document which is subject to regular review as part of the IJB's risk management framework.
- 5.2 The 11 active risks currently recorded on the register will be closely monitored and are scheduled to be reviewed by the Senior Leadership Team in March 2021.

### Resource Implications

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

### Impact on IJB Outcomes and Priorities

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

### Legal & Risk Implications

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

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

### Consultation

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

### Equalities Assessment

N/A

## 6. Report Author


Jillian Thomson, Chief Finance Officer

## 7. List of Background Papers


N/A

## 8. Appendices

<b>Appendix 1:</b>	Draft Strategic Risk Register
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Risk No. / Title	RISK 1: Funding and /or demographic pressures	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<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 and/or demographic pressures. This could be the result of:</p> <ul style="list-style-type: none"><li>• Lack of planning for demographic change in the medium and longer term</li><li>• Insufficient funding settlements from partners</li><li>• Delegated services not being delivered within budget/failure to achieve savings targets</li><li>• Lack of clarity around budget accountability</li><li>• Failure to manage and affect change on set aside budgets/shifting the balance of care</li><li>• Lack of capacity to anticipate the landscape for changes and ability to then respond</li><li>• Limited availability of reliable information and analysis of activity and demand to inform future planning and predictive modelling</li><li>• The impact of an ageing workforce coupled with the ability to retain and recruit staff in key service areas</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>	 <b>Rationale for Risk Rating</b>	Impact 5 Likelihood 4	Impact 5 Likelihood 2	No change	Feb 2021
			High	High	-	
			<p>If such a risk were to occur, it would almost certainly have a negative financial impact and therefore the impact has been scored as 5.</p> <p>The likelihood is currently assessed at 4. Long term financial sustainability is a key risk area highlighted in the IJBs Medium Term Financial Plan and External Audit reports. Delays in the transfer of planning and operational management responsibility for all outstanding in scope health services mean that it's difficult to effect the transformational change required and shift the balance of care. This will be a key focus for 2020/21.</p>			
<b>Consequences</b>  This may result in (worst case) 'z'....	<p>The IJB is unable to deliver its vision to enable people in the Falkirk area to live full and positive lives within supportive and inclusive communities. This may result in vulnerable people and their carers not receiving the services they require.</p> <p>Noncompliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>Without appropriate planning, the IJB could incur a significant overspend. This would result in either reserves being used for purposes other than intended and/or the Partners (Council and NHS) being liable for additional funding at the year end, which may cause financial difficulties</p> <p>In addition, it could require drastic cuts to budgets which could impact negatively on service users. Again, this may impact on delivery of the IJB's strategic priorities and national integration policy.</p>	<b>Mitigating Controls</b>	<p>Key areas of transformation have been identified to help manage demand including ongoing implementation of person centred assessment &amp; planning informed by a strengths based systemic social work model and roll out of the home first approach to hospital discharge by prioritising care at home or in a homely setting across all sites (including recruitment of a Home First Manager).</p> <p>Regular financial reports are produced for the IJB, setting out financial risks visible in the system.</p> <p>Budget offers from each Partner are reviewed annually and associated risks highlighted. Due diligence is undertaken to ensure that each Partner is aware of the risk in their area and efforts made to ensure that the mitigation is being developed.</p> <p>A risk sharing agreement process is set out in the Integration Scheme. This is currently an annual process however it is recognised that a longer term risk sharing arrangement needs to be developed. This was to be considered as part of the review of the wider integration scheme scheduled for 2020/21, however this has been delayed due to the impact of Covid-19. In the meantime, the IJB has recommended that for 20/21 the Council and NHS Board continue with the existing risk sharing agreement that was in place last year (ie each partner makes an additional payment to the IJB to cover overspends within the service areas delegated to them). Formal agreement of this position has been</p>			

Risk No. / Title	RISK 1: Funding and /or demographic pressures	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				requested.  Budgets, directions, Financial Regulations, Reserves Policy, standing financial instructions.  Work to conclude set aside arrangements remains outstanding.			
Lead Officer	Chief Finance Officer/Senior Service Manager	Assurance / Reviews Mechanisms		Finance Reports Performance Monitoring Reports Transformation agenda Directions to partners Audit Reports			
Additional Actions	Action	Target Date	Status	Progress			
	Due diligence of budget transferring with management responsibility for all outstanding in scope operational health services.	March 2021	Amber	Subject to ongoing discussion as part of the transfer of all outstanding in scope health services. This is currently being taken forward by the Chief Officers of both Falkirk IJB and Clacks/Stirling IJB in conjunction with the Chief Executive of NHS Forth Valley.			
	Development of a longer-term risk sharing agreement.	March 2021	Amber	Progress in relation to the risk sharing arrangements and the review of the integration scheme has been delayed due to the impact of Covid-19. In terms of the review of the integration scheme, a finance workstream will be set up to review section 8 to enable preparatory work to take place as part of the formal review of the overall integration scheme.			
	Develop an Integrated Workforce Plan	March 2021	Amber	Development of an integrated workforce plan covering the 3 year period 2022 to 2025 is required in line with Scottish Government guidance as per DL(2020)28. In the meantime, an interim plan covering 2021/22 is currently being developed for submission by 31 March 2021.			
	Develop a Medium Term Financial Plan	March 2021	Amber	The inaugural MTFP was presented to the IJB in December 2019. This is currently being updated to reflect the latest financial planning assumptions for the next rolling 5 year period including the impact of the impact of the 21/22 budget and ongoing impact of Covid-19.			


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

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




Risk No. / Title	RISK 3: Partnerships	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Risk Description</b>  There is a risk of ‘x’ because of ‘y’....	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.  Failure to respond and adopt to complex issues and challenges for example demographic change.	 <b>Rationale for Risk Rating</b>		Impact 4 Likelihood 3	Impact 4 Likelihood 1	No Change	Feb 2021
				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)	March 2021	Amber	A series of community engagement events have been facilitated – with partners, however many were paused due to Covid-19.			
	Take forward programme of work around reablement, care pathway redesign an unscheduled Care with Oxford Brooks University – this work will enable building of relationships, particularly with colleagues in acute health care sector and third sector.	March 2021	Amber	Building on the lessons learned through the management of the Covid pandemic, which has been a catalyst and lever for change, the work with Oxford Brooks has been overtaken and it has been decided to cease this. Progress will be made through the review of the community hospitals and the development of a Hospital at Home model			


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

Risk No. / Title	RISK 4: Capacity and infrastructure	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Risk Description</b>  There is a risk of ‘x’ because of ‘y’....	The IJB fails to delivery its strategic objectives due to a lack of capacity and infrastructure to deliver key roles, including effective planning, performance, risk management, information management, finance, technology support, training and development etc. This could lead to failures in governance, scrutiny and performance arrangements.	<div> <b>Rationale for Risk Rating</b></div>	impact 3 likelihood 3 <b>Medium</b>	impact 2 likelihood 2 <b>Low</b>	No change	Feb 2021
			Current: Named officers have now been identified for all relevant areas. The implementation of support in all areas has still to be fully tested hence the rating of 3 for impact, until this has been done and feedback received from the HSCP management team.			
<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.  Reputational risk, service interruption, harm.	<b>Mitigating Controls</b>	Plans are being developed to ensure effective implementation of an integrated structure. This includes identification of the lead officers for support services. HR contacts have been identified for all HR related areas. Work is also being progressed on other areas but has not been finalised.			
<b>Lead Officer</b>	<b>Chief Officer and Heads of HR</b>	<b>Assurance / Reviews Mechanisms</b>	Existing infrastructure in place within partner organisations albeit this will need to be adapted to ensure IJB requirements are met.  The HSCP Leadership Group will have a list of named contacts for the identified areas of support. In addition, the team will be able to identify any gaps or issues with this arrangement, through their regular meetings.  Development of a Corporate Services Agreement.			

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

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>	<div></div> <p><b>Rationale for Risk Rating</b></p>	Impact 3 Likelihood 3 <b>Medium</b>	Impact 2 Likelihood 2 <b>Low</b>	Improvement	Feb 2021
			<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 3 (moderate) in light of the work to develop a directions policy, the new directions template and work to clarify operational management responsibilities, governance and accountability with Partners to ensure previous instances where directions were not adhere are addressed.</p>			
<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>	<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</p>			


Risk No. / Title	RISK 5: Directions	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
	<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>			ensure improved governance processes, and that informed and evidence based decisions are made by the appropriate people. Directions should flow from this work.			
Lead Officer	Chief Finance Officer/Senior Service Manager	Assurance / Reviews Mechanisms		IJB reports and minutes Monthly financial reconciliation Use of Directions template to accompany all IJB reports			
Additional Actions	Action	Target Date	Status	Progress			
	Review the current system for Directions	March 2021	Amber	Work to complete the review of Directions, in line with the Statutory Guidance published in Jan 2020 was expected to be in place for financial year 2020/21 - a report was taken to the IJB in March 2020 which was subsequently deferred due to Covid. This report has since been refreshed and was presented to the IJB in Sept 2020 where it was agreed that a formal Directions policy would be developed in line with the statutory guidance and a new template/format for the Directions will be used to accompany all IJB reports. In addition, the current systems for Directions was to be reviewed as part of the External Audit work plan for 2020-21 however this has been delayed due to Covid and will be carried forward to 21/22.			
	Implement the action plan from flowing from the MSG work	June 2021	Amber	An action plan has been developed from the MSG work, however it has not been fully implemented and requires to be revisited. This may impact of the local process for issuing Directions.			
Latest Notes	A log to track changes and manage version control of all new Directions and/or amendments to existing Directions is currently being developed. A draft Directions policy will be presented to the March IJB meeting.						

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' ....	There is a risk that the IJB does not receive assurance from in respect of performance and quality control. This could be the result of: <ul style="list-style-type: none"> <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 are not appropriately responded to when escalated</li> <li>failure to adequately share information about service performance and quality concerns</li> </ul>	  <b>Rationale for Risk Rating</b>		Impact 5 Likelihood 3	Impact 5 Likelihood 2	No Change	Feb 2021
				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			

Risk No. / Title	RISK 6: Assurance	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
	<ul style="list-style-type: none"> <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>		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>	<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 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.</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</p>			

Risk No. / Title	RISK 6: Assurance	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				<p>Scottish Government guidance, providing an overview of how their statutory responsibilities have been fulfilled during the reporting year. It is not intended to provide a full report of the performance and activity of the entire Social Work function, as throughout the year there are reports to the IJB for this purpose.</p> <p>The IJB Audit Committee meets on a quarterly basis to review a wide range of governance issues, including the risk of fraud and potential internal control weaknesses/breaches. Each year, the Audit Committee agrees a risk based internal audit work plan targeted to the highest risk areas to ensure that the proposed audit activity is focussed on key areas and is sufficient in order to provide an appropriate level of assurance. The Audit Committee also considers the IJB's annual governance statement which provides information on the adequacy and effectiveness of the IJB's system of internal control. The Audit Committee also relies on the opinion of the Chief Internal Auditor, which is provided through a formal annual report to the IJB which provides assurance on the IJB's arrangements for risk management, governance, and control. In addition, the Audit Committee has oversight of a range of specific risk areas through the IJB's Strategic Risk Register. The Audit Committee may also conduct specific investigations into any area within its terms of reference and also accepts direct referrals from management as appropriate. In addition, an audit sharing protocol is in place to ensure that any relevant issues arising in either partner organisation which may impact on the IJB is passed to the IJB's audit committee for consideration and action.</p> <p>The Ministerial Steering Group (MSG) self evaluation exercise will monitor progress in making improvements on governance, decision making and accountability. The Scottish Government is expected to receive regular progress reports against the self-evaluation.</p>			
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 minutes and reports Internal audit annual work plan (review of governance arrangements) Annual Governance Statement MSG Self Evaluation.</p>			
Additional Actions	Action	Target Date	Status	Progress			
	Review CCG Framework	Sept 2019	Green	Revised Terms of Reference were considered by the Committee at its meeting on 22 August 2019. The revised Terms of Reference were presented to the IJB and agreed on 6 September 2019.			

Risk No. / Title	RISK 6: Assurance	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
	Develop CCG Committee workplan for 2020/21	Nov 2019	Green	The draft work plan for 2021 was approved by the CCGC at its meeting on 27 November 2020.			
	Continue to develop the content of the IJB Performance Monitoring Report's	Ongoing	Green	The Performance Monitoring Report continues to be developed. This includes work ongoing to develop local indicators aligned to the new Strategic Plan priorities.			
	Review the IJB Performance Management Framework agreed by the IJB in 2016 (new action)	June 2021	Amber	Work is to review the framework through the Performance and Measurement Group (in conjunction with the Internal Audit Action Plan Performance Management and Reporting Report No. FK06-19. This work is included in the Internal Audit Progress Report) has been delayed as a result of staff vacancies and the pandemic.			
	Publish the HSCP Annual Performance Report – 2019 - 20	Sept 2020	Complete	The report has been published and was formally presented to the IJB on 20 November 2020.			
	Internal Audit Work Plan 20/21	March 2020	Green	Work plan for 2020/21 will be presented and agreed at the Audit Committee meeting on 6 March 2020.			
Latest Note	The Chief Social Work Officer annual report was presented to Falkirk Council in December 2020 and will be presented to the IJB in March 2021.						

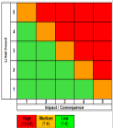
Risk No. / Title	RISK 7: Commissioning	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Risk Description</b>  There is a risk of 'x' because of 'y'....	There is a risk that the IJB fails to commission quality services from both statutory partners and the independent sector. This could be the result of: <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 <b>High</b>	Impact 4 Likelihood 1 <b>Low</b>	No change	Feb 2021
<b>Consequences</b>  This may result in (worst case) 'z'....	<ul style="list-style-type: none"><li>Serious harm to service users.</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><li>Inappropriate use of public funds</li></ul>	<b>Mitigating Controls</b>	<ul style="list-style-type: none"><li>Care Inspectorate review and monitoring</li><li>Provider monitoring meetings/formal contract monitoring</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 regulations and Financial policies/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>	<ul style="list-style-type: none"><li>Care Inspectorate review, monitoring and reporting system</li><li>New Care Home Assurance Team as part of Covid response</li><li>Provider monitoring and reporting by Contracts &amp; Commissioning Officers</li></ul>			



Risk No. / Title	RISK 7: Commissioning	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				<ul style="list-style-type: none"> <li>Annual Procurement Report to the Scottish Government and quarterly reporting to the Council's Procurement Board.</li> <li>Regular reporting to the clinical and Care Governance Committee</li> <li>SWAS statutory reviews</li> </ul>			
Additional Actions	Action	Target Date	Status	Progress			
	Annual contract and performance review for Home Support Service contract. (c£27m per year spend)	April 2020	Draft to be issued March 2020	<p>Between June 2019 and February 2020, contract review meetings were completed with the top ranked providers. Contract review meetings covered the following areas;</p> <ul style="list-style-type: none"> <li>Staffing /Complaints and Incidents</li> <li>Finance – invoicing and payment issues, financial monitoring i.e.. Credit safe, Annual Accounts, financial viability</li> <li>Governance – local and national governance</li> <li>Care Manager / Provider / Service User Feedback</li> <li>Living Wage and Fair Working Practices</li> </ul>			
	Annual report on 'quality and compliance across all in area providers of adult residential placements. (c£13m per year spend)	April 2020	Draft to be Issued March 2020	<p>The report will provide a detailed breakdown of the performance for each of the 11 Adult residential Care Homes in the Falkirk Council area for client groups under 65 (covering Learning Disabilities, physical disabilities, MH, complex care).</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>			
	Annual report on in areas NCHC residential units produced to show compliance and identified risk rating of all providers. (c £20m per year spend)	May 2020	6 monthly report issued January 2020	<p>The biannual report issued in Jan 2020 provided a detailed breakdown of the performance for each of the 21 older people residential and nursing care homes in the Falkirk Council area, including 5 local authority homes and 16 independent sector homes.</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>We currently have 7 independent sector Care Homes achieving the enhanced award for quality. This is one Care Home currently with weak Care Inspectorate grades. There are clear action plans in place to support ongoing work with the Care Inspectorate, Adults Services, Health and the Providers to deliver improvements and to ensure the best possible outcomes for supported people.</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.			



Risk No. / Title	RISK 7: Commissioning	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
Latest Note	Prepare a Market Facilitation Plan 2021-2024	June 2021	Red	This work has been delayed due to the pandemic. Further discussions are required in relation to the review of the Strategic Plan to ensure alignment with both documents			
	Consideration is being given to the potential impact of the national review of Adult Social Care on commissioning (published in Feb 2021). Additional clinical support for local Care Homes Assurance & Review Team (CHART) to be confirmed following national funding announcement.						

Risk No. / Title	RISK 8: Whole Systems Transformation	Risk Scoring	Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<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>	 <p><b>Rationale for Risk Rating</b></p>	Impact 4 Likelihood 4 <b>High</b>	Impact 3 Likelihood 1 <b>Low</b>	No change	Feb 2021
<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>Mitigating Controls</b>	<p><i>Falkirk HSCP Unscheduled Care Programme Board</i>  <i>NHS FV Unscheduled Care Programme Board</i>  <i>NHS FV Unscheduled Care Operational Group</i>  <i>Getting Forthright Unscheduled Care Programme</i>  <i>Oxford Brooks Institute of Public Care work programme.</i>            These fora have now been stopped or suspended due to changes influenced by responses to Covid.            Further development of bed based intermediate care.            Development of Thornton Gardens Facility. Progression of potential new build for intermediate Care.            Development of Step-down beds for care home assessments.            Review of Community Hospitals.</p> <p>(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).</p>			

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

Risk No. / Title	RISK 8: Whole Systems Transformation	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				fundamental aim will be to operate a 'pull system' and follow Home First principles.			
<b>Latest Note</b>	Further work required to cross reference above actions to the IJB's current Delivery Plan – Heads of Integration to take forward.						

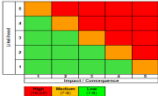




Risk No. / Title	RISK 10: Resilience & Business Continuity	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
<b>Consequences</b>  This may result in (worst case) 'z'....	<p>Limited access to essential supplies e.g. medicine and an available workforce result in increased risks to vulnerable people and families who are dependent of services.</p> <p>Using inexperienced staff to maintain delivery of core services could be less efficient, reduce quality of service, and increase complaints and non-compliance with CCA legislation.</p> <p>Funding reductions lead to budget and service cuts for vulnerable services users and to poorer performance. This leads to the IJB not delivering its strategic objectives and priorities as outlined in the Strategic Plan.</p>	<b>Mitigating Controls</b>		<b>Resilience</b> The Council, NHS, and suppliers have resilience strategies and frameworks.  This includes a framework of: <ul style="list-style-type: none"> <li>- policies, plans, procedures, and training to support planning;</li> <li>- vulnerable persons databases; and</li> <li>- on-call rotas to help in the response.</li> </ul> These arrangements are integrated with: <ul style="list-style-type: none"> <li>- Local / Regional / National Resilience planning;</li> <li>- Procurement / Supply Chain monitoring.</li> </ul> In terms of Covid-19 - Local mobilisation plan & associated financial returns.			
<b>Lead Officer</b>	Heads of Integration / Chief Finance Officer	<b>Assurance / Reviews Mechanisms</b>		<ul style="list-style-type: none"> <li>- Exercises and debriefs to test resilience plans and learn lessons;</li> <li>- Local / Regional Resilience Partnerships;</li> <li>- Procurement / Supply Chain monitoring; and</li> <li>- Working with Scottish Government to assess / mitigate Brexit and Covid -19 risks.</li> <li>- National peer review of Covid-19 local mobilisation plan financial estimates</li> <li>- Additional funding from the Scottish Government to support Covid-19 related costs</li> </ul>			
<b>Additional Actions</b>	<b>Action</b>	<b>Target Date</b>	<b>Status</b>	<b>Progress</b>			
	Clarify ownership and leads for resilience in HSCP – including testing.	March 21	Amber	Heads of Integration have coordinated the refresh of business continuity plans for all partnership activities. This will link with risk/resilience managers and planners in both Falkirk Council and NHS Forth Valley. NHS Forth Valley has recently appointed a Corporate Risk Manager.			
	Identify and prioritise critical functions across integrated functions - this includes a refresh of the pandemic flu priorities.	Dec 2020	Green	As above - complete			
	Review and integrate partners' Resilience Planning Frameworks– including joined up plans / response procedures for Localities – to ensure a fit for purpose model to support integrated structures	Dec 2020	Green	The HSCP has completed two debriefs on the HSCP response to the covid-19 pandemic. Further work is ongoing to develop improvement/action plans.  The Business Management Coordinator post has now been appointed to, who will take forward the work to review Resilience Planning Frameworks. This will feature as part of the internal audit workplan for 21/22.			
	Review supply chains and put in place relevant back ups / monitoring - including mapping of suppliers and back up sources of clinical consumables for Council, NHS, and Private Care Homes	Dec 2020	Amber	Largely led by procurement teams in both partner organisations.  Lead identified within the HSCP for external social care providers who are experiencing supply disruption.			

Risk No. / Title	RISK 10: Resilience & Business Continuity	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
	Review Care Home Providers Business Continuity Plans – including (proportionate) deep dive review of plans - and follow up with guidance, exercises, and monitoring as necessary	Complete	Green	This is particularly relevant given the impact of the Covid-19 pandemic on the care home sector. Procurement & Commissioning Team regularly monitor as part of the contractual framework, this will be enhanced when the team formally transfers to the IJB under the line management of the Business Management Coordinator. Establishment of CHART team contributes to the assurance processes, reporting to the FV Care Home Assurance Group. Complete			
	Link with NHS colleagues to mitigate any impact on unscheduled care flow between community and hospital	March 21	Amber	Work has started with NHS FV and Clackmannanshire and Stirling HSCP to complete a Capacity Planning exercise to determine bed based requirements across the system. Work is underway in line with national requirements to set up NHS FV Rebuild and Reset Unscheduled Care Project.			
<b>Latest Note</b>	<p>Brexit planning and the impact of the Covid-19 pandemic has identified a wider need to improve resilience and business continuity planning across the HSCP and the supply chain. The actions above will help to take forward these improvements (timescales will need to be agreed with the Leadership Team). In addition, this review has reinforced the need for input from both partners' risk and resilience advisors, and a clear link between partners' (Operational) Risk Register and the IJB (Strategic) Risk Register.</p> <p>There is an emerging health &amp; safety risk at Falkirk Community Hospital (block 9) in relation to fire which is currently being reviewed in order to mitigate risk to both patients and staff as a matter of urgency. This work is being led by the Chief Officer with support from NHS FV's corporate programme management office and Corporate Risk Manager.</p>						



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

Risk No. / Title	RISK 11: Primary Care	Risk Scoring		Current Risk (with controls)	Target Risk (after actions)	Change	Date Reviewed
				funding is available beyond the indicative 4 year allocation previously provided. Funding for year 5 onwards will be reviewed in due course.			
	<ul style="list-style-type: none"> <li>Primary care premises review</li> </ul>	March 2020	Red	<p>Local capital funding was agreed for a range of minor works to be completed in 2019-20 in response to the Primary Care Premises Review (mainly to address space constraints and improve flow). Limited work has been carried out to date.</p> <p>A number of GP Practices are operating out of inadequate premises that a not fit for purpose, with Covid-19 increasing risk due to ongoing physical distancing requirements.</p>			
	<ul style="list-style-type: none"> <li>Kersiebank Medical Practice returned to independent contractor status on 1<sup>st</sup> May 2020. There is now only one 2C GP practice in Forth Valley (namely Slamannan Medical Practice).</li> <li>Several vacancies are currently being advertised across the 24 independent Practices in Falkirk</li> <li>Various GP leadership roles remain vacant including the cancer lead role and Falkirk town locality lead role.</li> </ul>	Ongoing	Amber	There are ongoing GP recruitment and retention issues within the IJB integrated structure and within independent GP practices.			
<b>Latest Note</b>	Implementation dates for several key elements of the GMS contract have been pushed into 21/22 and 22/23 as agreed by the Scottish Government and BMA. Future funding allocations have still to be agreed beyond the 4 year indicative levels provided in 2018. GMS oversight group is to be refreshed with representatives from IJB COs and NHS CEOs. In addition a new reference group comprised of PCIP Leads is to be established – nominations are being sought from each IJB.						