

Agenda Item 4

Strategic Risk Register

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Falkirk Integration Joint Board Audit Committee

2 December 2022

Strategic Risk Register

For Consideration and Comment

1. Executive Summary

- 1.1 This paper provides an update on the IJB's strategic risk register.
- 1.2 No new risks have been added to the register since the last version presented to the Audit Committee on 23 September 2022.
- 1.3 There are currently 9 live risks recorded in the register, 8 are considered as high risk and 1 as medium risk.

2. Recommendations

The Audit Committee is asked to:

- 2.1 Consider and comment on the high-level summary of the strategic risk register presented at section 4.1
- 2.2 Consider and comment on the detailed strategic risk register.

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 routinely reviewed and updated by the Health and Social Care Partnership (HSCP) Senior Leadership Team and Audit Committee on a quarterly basis and is presented to the IJB bi-annually.

4. Strategic Risk Register

- 4.1 9 active strategic risks have been identified for 2022/23 (8 are considered as high risk and 1 as medium risk) as summarised in the table below. There has been no change in status for 7 of the risks reported but the future target

score for the capacity and infrastructure risk and the commissioning risk has both increased to reflect the very challenging current employment market conditions and cost of living concerns. No new risks have been added since the update that was presented at the last Audit Committee meeting.

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	High	High	Oct 2022	↔
2. Governance arrangements	Chief Officer	Medium	Medium	Oct 2022	↔
3. Partnerships	Heads of Integration/Senior Service Manager	High	Low	Oct 2022	↔
4. Capacity and infrastructure	Chief Officer Heads of HR	High	High	Oct 2022	↓
5. Assurance	Senior Service Manager/Medical Director/CSWO	High	High	Oct 2022	↔
6. Commissioning	Heads of Integration/ Head of Procurement, Housing & Property	High	Medium	Oct 2022	↓
7. Whole Systems Transformation	Director of Acute Services/Heads of Integration	High	Low	Oct 2022	↔
8. Resilience & Business Continuity	Heads of Integration/Chief Finance Officer	High	Medium	Oct 2022	↔
9. Primary Care	General Manager (primary care)	High	Medium	May 2022	↔

Key	
↑	Risk improvement
↔	No change to risk
↓	Risk deterioration

4.2 The detailed risk register is provided at appendix 1. This should be read in conjunction with the risk assessment scoring matrix at appendix 2.

4.3 Each risk was reviewed in detail and a number of the key considerations in reaching the conclusions are noted below:

- On-going pressure continues to be reported in terms of Forth Valley Royal Hospital (FVRH) activity and the site remains in an extremely difficult situation.

- The cost-of-living crisis continues, with high inflation and challenging recruitment conditions.
- The Scottish Government has released its emergency budget, reprioritising its expenditure portfolio to accommodate pay award pressures. Further financial uncertainty remains with the UK and Scottish governments' 2023/24 budget plans to be announced.
- Financial Statements to the end of August and year end forecasts have been prepared and report a broadly breakeven position, for 2022/23.
- There have been further meetings of the Set Aside Group since the previous Strategic Risk Register (SRR) review with transfer of remaining integration services being planned and a further workshop required to finalise baseline cost and activity data.
- The IJBs workforce plan has been completed and a working group will be formed to progress the associated action plan. Recruitment Working Group activity has seen an increase in recent applications and further Comms. & Marketing work continues.
- The new 3-year strategic plan is in development. A strategic needs assessment has been completed consultation and engagement on draft priorities and outcomes took place in September and October.
- The Health & Safety Management Group held its first meeting in September.

4.4 Section 4.1 above highlights that future risk score was amended for two of the nine strategic risks due to the current economic, workforce and financial pressures within the wider system. These wider pressures are unlikely to change in the short term and future risk score now reflects that uncertainty. Within appendix 1, an untreated risk score is recorded, as if there had been no controls in place. These untreated scores were also reviewed in light of the current operating environment.

5. Conclusions

5.1 9 active strategic risks have been identified for 2022/23 at this stage. These will continue to be subject to regular review as part of the IJB's risk management framework.

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.

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.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report

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

The IJB is a public body, for the purposes of the Equality Act 2010. Officers must ensure that equalities implications have been considered and that an equalities impact assessment is completed, where appropriate. A combined NHS/Council tool is being developed for this purpose.

6. Report Author

- 6.1 Steven Kirkwood, Chief Finance Officer

7. List of Background Papers

- 7.1 The previous iteration of the Strategic Risk Register was presented to the Audit Committee on 23 September 2022.

8. Appendices

Appendix 1: Strategic Risk Assessment

Appendix 2: Risk Assessment Scoring Template

SRR1 Financial Sustainability
 Risk Owner: Patricia Cassidy
 Risk Lead: Steven Kirkwood
 Last Review Date: 10.10.22

If the IJB's strategic plan and medium term financial plan are not prepared on a sustainable basis, there is a risk that the recurring cost base could exceed future funding allocations resulting in an underlying deficit. This will adversely affect both current and future service provision and will impact on the IJB's ability to deliver its strategic priorities and vision. Given the level of inherent uncertainty in terms of the duration of the pandemic, the impact on demand and the magnitude of the potential costs involved, covid-19 represents a significant financial risk. Scottish Government have advised that no additional covid consequential are expected for 2022/23 and recurring costs will have to be met from existing baseline budgets. National Care Service legislation introduces a new area of financial uncertainty while various issues including funding, VAT treatment and IJB assets and liabilities require to be clarified.

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend
4	5	20	1. IJB annual budgets are agreed in advance of each new financial year through the business case process outlined in the Integration Scheme. 2. Financial performance and projections are routinely reported at all IJB meetings as a standing agenda item. 3. Risk sharing arrangements are referred to in the Integration Scheme and are currently negotiated with partners on an annual basis. 4. IJB CFO attends fortnightly Senior Finance Team meetings with NHS Forth Valley to review existing and emerging financial issues in respect of delegated health services. 5. National CFO meetings take place regularly to update on strategic financial issues (including impact of Covid-19). 6. Monthly review of Covid 19 costs with projections submitted to Scottish Government on a quarterly basis to inform monitoring requirements. 7. A Medium Term Financial Plan is in place. 8. The IJB places reliance on the Standing Orders and Standing Financial Instructions, together with other systems of internal control, operated by Falkirk Council and NHS Forth Valley. 9. Directions are prepared in respect of set aside and integrated functions to convey IJB decision making and payments to partners. 10. The IJB Audit Committee is well established.	4	4	16	↔
Further Controls Required			Further Controls Owner	Further controls target date	Target Likelihood	Target Impact	Target Score
1. Delivery of a range of transformation programmes, efficiencies/productivity initiatives and a shift the balance of care in line with the IJB's Strategic Plan. 2. Conclude arrangements in respect of the baseline set aside budget and develop a future capacity and financial model in line with statutory guidance and the requirements of the Public Bodies Joint Working (Scotland) Act. 3. Conclude the review of the Integration Scheme, including longer term risk sharing arrangements (as opposed to annual negotiations) and hosting arrangements. 4. Update the Medium Term Financial Plan to reflect the post pandemic operating environment, the forthcoming refresh of the IJB's strategic plan and a number of significant policy developments in relation to adult social care. 5. Develop better integrated finance team working. 6. Rebase 2022/23 covid cost estimates as part of Scottish Government covid cost improvement programme. 7. Agree planned use of Covid reserves in conjunction with NHS Forth Valley and Clacks/Stirling IJB.			1. Patricia Cassidy 2. Steven Kirkwood/Ewan Murray/Scott Urquhart 3. Kenneth Lawrie/Cathie Cowan 4. Steven Kirkwood 5. Steven Kirkwood 6. Steven Kirkwood 7. Steven Kirkwood/Scott Urquhart/Ewan Murray	1. ongoing 2. TBC 3. TBC 4. 31/03/23 5. 2022/23 6. TBC 7. ongoing	3	4	12
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)						
10/10/2022	Current financial position and forecast as at August 2022 is positive (broadly breakeven / small underspend) but is underpinned by short term benefits and underlying position remains a concern. Uncertain financial impact from NCS so risk rating remains unchanged. Set Aside Group met in June and 1/8/22 to progress SA issues, therefore on-going/ no change. Senior Accountant vacancy to be advertised in Nov. 22, to release capacity in order to develop integrated finance team working. Covid Qu.1 forecasts complete, Qu.2 forecast being finalised. Discussion re Set Aside funding required and discussion re unused Reserves also required nationally.						

SRR2 Governance Arrangements
 Risk Owner: Patricia Cassidy
 Risk Lead: Gail Woodcock/Martin Thom
 Last Review Date: 10.10.22

There is a risk that the IJB fails to deliver its strategic objectives, or fails to deliver its strategic objectives in line with planned timeframes, due to lack of clarity and/or agreement in respect of governance arrangements, for example: a lack of clarity around the separate roles of the IJB, HSCP, Council, NHS Board and other partners, including Clackmannanshire and Stirling IJB or 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 and a lack of progress in fully implementing the integration scheme. This could result in failure in Service Delivery or failure to deliver change and transforamtion, potentially leading to legal or other challenge. The creation of a National Care Service and reform of IJBs as "Community Health & Social Care Boards" will result in major structural/organisational change and require new governance arrangements.

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend		
4	4	16	1. HSCP Senior Leadership Group 2. Strategic Plan 3. Strategic Needs Assessment 4. Strategic Planning Group 5. Development of an Integrated Management Structure 6. Audit Committee and clinical and care governance committee. 7. Annual Performance Report 8. Risk assessment framework 9. Governance Principles 10. Participate in the National Care Service consultation. 11. Authority has been delegated to the Chief Officer and/or Chief Finance Officer to deal with urgent business, which would otherwise have normally been determined by the Board, during the period of the Coronavirus outbreak. 12. Clinical and Care Governance Management Group provides senior operational leadership team with oversight of all aspects of care governance across the health and social care partnerships areas of responsibility.	3	3	9	↔		
Further Controls Required				Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score
1. Partners to review Standing Orders and Standing Financial Instructions to ensure HSCP managers, CFO and CO have appropriate authority to manage staff and resources. Partners also to confirm that an appropriate scheme of delegation is in place to ensure HSCP staff are empowered to discharge their responsibilities. 2. Restart the programme of "collaborative leadership in practice" sessions with the IJB members. Undertake joint training and development on good governance for IJB board members and senior officers (including development of a clear risk appetite statement). 3. Conclude the review of the Integration Scheme. 4. Undertake an annual review of the HSCP Senior Leadership Group terms of reference. 5. Provision of annual assurance statements from the Clinical & Care Governance Committee and Audit Committee and the Joint Staff Forum to the IJB to provide assurance that the committee structure supports delivery of strategic priorities and ensures that operational and strategic risks are being managed effectively. 6. Prioritise the IJB transformation programme, including anticipated delivery of key milestones which will highlight governance requirements and help to mitigate this risk. 7. External Audit assessment of best value. 8. Review of all management governance within HSCP including ToR and levels of delegated authority of each management group. 9. Undertake review of the governance arrangements relating to the ADP and its links into the IJB. 10. Decision making flow chart to set out Partner responsibilities for investment decisions.				1. Kenneth Lawrie/Cathie Cowan 2. Patricia Cassidy 3. Kenneth Lawrie/Cathie Cowan 4. Patricia Cassidy 5. Suzanne Thomson/Steven Kirkwood 6. Gail Woodcock 7. Grace Scanlin 8. Gail Woodcock 9. Martin Thom 10. Jillian Thomson		1. 30/09/22 2. Complete 3. 30/06/23 4. Complete 5. Complete 6. Ongoing 7. Complete 8. Complete 9. 31/12/22 10. 31/12/22	2	2	4
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)								
10/10/2022	No change, current risk remains at medium. Board development sessions have continued, flow chart being developed by Deputy Director of Finance to clarify approval route across Partners for investment projects. Update on review of SOs/SFIs/Scheme of Delegation requested. Some progress with Integration Scheme in recent meetings but further work required.								

SRR3 Partnerships
 Risk Owner: Patricia Cassidy
 Risk Lead: Suzanne Thomson/Martin Thom/Gail Woodcock
 Last Review Date: 13/10/2022

There is a risk that the IJB fails to develop effective links and strong relationships with communities, the third, independent and housing sectors, NHSFV, Falkirk Council, Clackmannanshire & Stirling HSCP and other partners in order to work effectively and improve outcomes for people in our communities. This could lead to poor relationships and failure to deliver strategic outcomes.

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend
4	4	16	1. Commitment to participation in key governance arrangements, for example the Housing Contribution Group, Strategic Planning Group, Unscheduled Care Programme Board. 2. 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. 3. Regular Service Manager led engagement meetings with independent sector provider partners to share strategic priorities and check alignment of their service offer with demand. 4. Commissioned external support (see additional actions below). 5. Participation and engagement strategy in place. 6. Market Facilitation Plan (status of current MFP to be confirmed). 7. Children's Commission. 8. ASP Committee. 9. Active member of the Community Planning Partnership (CPP). 10. 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. 11. Review and scrutiny of funded partner initiatives, with oversight from Partnership Funding group. 12. Engagement of an Independent Sector Lead (with additional hours to support covid recovery). 13. CO is a member of NHS Systems Leadership Team, Falkirk Council CMT and co-chair of NHS FV Unscheduled Care Programme Board and chair of Primary Care Board. 14. Reports to IJB and CPP including Carers Strategy and Alcohol and Drug Partnership. 15. There are range of governance groups which have partner representation as part of their integral membership, including Strategic Planning Group, HSP SLT. 16. Separate ADP Lead for Falkirk IJB appointed.	4	4	16	↔

Further Controls Required	Further Controls Owner	Further controls target date	Target Likelihood	Target Impact	Target Score
1. Completion of Community Led Support programme, commissioned from National Development Team for Inclusion (NDTI) 2. HSCP Senior Leadership Team collaborative leadership development programme, which will build in linkages with leaders across all the partner sectors. 3. Through establishment of appropriate locality level governance framework, development of a specific Locality Plan for each of the three new localities and continue to develop locality working including strengthening the partner relationships focussed on outcomes at locality level. 4. Development new 3 year Partnership Funding investment strategy. 5. Continue to build cross system partnership and relationship skills at senior officer and manager level through ongoing leadership development and extend this to IJB board member and Strategic Planning Group members). 6. Develop a programme of regular engagement events and communications with partners. 7. Embed the cross system working and learning achieved through Silver Command into a refreshed Unscheduled Care programme led equally by both partnerships and acute. 8. Ensuring clarity around responsibility for hosted services using AHP services as a pathfinder.	1. Suzanne Thomson 2. Patricia Cassidy 3. Claire Chapman/ Marlyn Gardner/ Gordon McKenzie 4. Lesley McArthur 5. Patricia Cassidy 6. Gail Woodcock/ Paul Surgenor 7. Patricia Cassidy/ Gail Woodcock 8. Pauline Beirne/ Gail Woodcock	1. TBC 2. Complete 3. Ongoing 4. Complete 5. Ongoing 6. Ongoing 7. Complete 8. 31/03/23	1	3	3

Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)
13/10/2022	No change, current risk remains high.

SRR4 **Capacity & Infrastructure**
Risk Owner: **Patricia Cassidy**
Risk Lead: **Michael Brown/Tracey Gillespie**
Last Review Date: **13/10/2022**

There is a risk that the HSCP fails to recruit and retain key staff which will impact on the delivery of safe integrated services, compliance with specific statutory responsibilities (in terms of having qualified staff in place to undertake statutory roles) and our ability to deliver our longer term workforce plan and strategic priorities. This is exacerbated by high sickness absence and turnover in certain key service areas, a lack of integrated infrastructure in terms of ICT and fit for purpose premises and health and wellbeing concerns as our workforce emerge from the intensity of the pandemic over the last 2 years. Staff wellbeing and effective workforce has been identified as a key transformation priority. In addition, external Provider sustainability is a concern given current vacancy levels and difficulties in attracting staff to the profession, an increasing cost base and the potential end of financial support under Covid (see risk 6).

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend
5	4	20	<ol style="list-style-type: none"> 1. Develop and implement an integrated organisational structure and review of integrated workforce plan. 2. Formalise provision of agreed corporate services through a Service Level Agreement with partners. 3. Secure recurring leadership funding to recruit to key roles in terms of business management, performance, programme management, communications, Technology Enabled Care, policy etc. 4. Provide facilitated team building and collaborative leadership development sessions with the extended Senior Management Team and establish a similar development programme for other staff groups (in conjunction with Animate) 5. Participate in the Modern Apprentice and Graduate Trainee schemes operated by NHS and Local Authority partners. 6. Establish training programmes and "grow your own" for hard to fill roles and consider career progression pathways. Develop promotional material to raise the profile of, and to attract, personal carers. 7. Develop and promote a corporate identity/brand for all HSCP staff. 8. Participate in matters and implement an associated action plan. 9. Work with both partners in relation to ICT to minimise the need for dual systems and hardware. 10. Lead the Falkirk Community Hospital master planning exercise and review of the Primary Care estate. Participate in Falkirk Council's Strategic Property Review in respect of the Adult Social Care estate. 11. Both partners are accredited living wage employers. 	4	4	16	↔

Further Controls Required	Further Controls Owner	Further controls target date	Target Likelihood	Target Impact	Target Score
<ol style="list-style-type: none"> 1. Introduction of a fast track recruitment process by NHS Forth Valley for applications to the staff bank. 2. Expand our recruitment campaigns to reach a wider audience through use of social media, S1 Jobs, indeed, local press and recruitment fairs in conjunction with Forth Valley College. Immediate focus on winter marketing. 3. Secure additional admin resource for each locality until the end of the financial year from Falkirk Council's Customer and Business Support team. 4. Develop plans to utilise funding issued by the Scottish Government to support the health and wellbeing of all health and social care staff. Proposals for the use of the funding were developed in conjunction with staff and independent contractors/providers and now in implementation phase. 5. Complete the review of the Integration Scheme, including finalisation of more formal arrangements with partners in relation to corporate support functions. 6. Encourage staff to take annual leave to rest and recuperate. 7. Provision of additional temporary staff from NHS Forth Valley's staff bank to support Home Care services. 8. Support social care Providers to increase their workforce and enhance productivity by working collaboratively to identify more efficient geographical runs and walking runs which enables non-drivers, or staff with no access to a vehicle, to be employed. 9. Implement alternative ways of working to increase capacity, including equipment and training to enable single handed carers to work more effectively (prescribing proportionate care) and the potential for aspects of "social support" to be provided by the third sector. 10. Utilise our share of £300m national funding package recently announced by the Scottish Government in 2021/22 to support services over the winter period and to provide longer term improvement in service capacity across our health and social care system. This includes recruitment of additional HCSWs, expanded MDT roles and expansion of Care at Home. 11. Consider recruitment of People and Wellbeing Lead via partnership funds to work with staff to recognise achievements, improve retention etc 12. Review the work of the Social Work Recruitment and Retention working group and apply any learning to wider HSCP workforce. 13. Complete annual review of WFP - Actions arising now to be progressed. 	<ol style="list-style-type: none"> 1. Michael Brown 2. Paul Surgenor//Michael Brown/Tracey Gillespie 3. Gordon McKenzie 4. Steven Kirkwood/Gail Woodcock 5. Cathie Cowan/Kenneth Lawrie 6. All Line Managers 7. Linda Donaldson. 8. Claire Chapman/Andrea Brown 9. Gordon McKenzie 10. Steven Kirkwood 11. Patricia Cassidy 12. Martin Thom 13. Tracey Gillespie/Scott MacKinnon 	<ol style="list-style-type: none"> 1. Complete 2. Winter 22 3. Ongoing 4. Complete 5. 30/06/23 6. Ongoing 7. Ongoing 8. Ongoing 9. Complete 10. 31/03/23 11. Ongoing 12. Ongoing 13. Ongoing 	4	3	12

Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)
13/10/2022	Will consider splitting this risk into two separate risks for Workforce and separately for Infrastructure given present workforce recruitment and retention concerns. Working group to be established to progress the actions in the workforce plan.

SRR5 Assurance
 Risk Owner: Patricia Cassidy
 Risk Lead: Elaine Kettings
 Last Review Date: 10.10.2022

There is a risk that the IJB does not receive appropriate assurance in respect of performance and quality control issues relating to delegated functions and services. This could result in harm to the health and wellbeing of vulnerable service users, patients and carers and may result in significant reputational and financial risk. This is exacerbated by the pandemic in terms of the prevalence of long covid (and the requirement for new services and treatments), the potential adverse impact on health inequalities and the unintended consequences/unmet need arising from the initial suspension of health and social care services.

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend		
4	4	16	<ol style="list-style-type: none"> The IJB Clinical and Care Governance Committee provides assurance to the IJB, NHS Forth Valley and Falkirk Council that clinical and care governance, as part of the planning and provision of services, is being delivered effectively. Enhanced strategic and operational oversight of Care Homes is in place in line with Scottish Government guidance. This provides additional assurance to the IJB and partners as part of post pandemic recovery. The IJB is represented on various public protection groups. The IJB audit committee is well established and there is an audit sharing protocol 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. Implementation of an automated internal care home inspection reporting process for senior management. Complaints procedures are in place for all services delivered by partners and for the IJB as a public body in its own right. The IJB and its constituent authorities are bound by the Duty of Candour. Key Performance Indicators are regularly reported to the IJB as a standing agenda item and an annual performance report is published as a statutory requirement under the Public Bodies Joint Working (Scotland) Act Significant Adverse Event Reviews (SAER) and debriefs are conducted as appropriate in order to analyse the key factors and circumstances surrounding adverse events in a bid to improve services and share best practice/lessons learned. Services are subject to external scrutiny & review through the Care Inspectorate and Healthcare Improvement Scotland. 	4	4	16	↔		
Further Controls Required				Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score
<ol style="list-style-type: none"> Establish CHART on a permanent basis. Develop an improvement plan to address the recommendations of the recent joint inspection of adult support and protection arrangements in Falkirk. Establish a Community Care Oversight Group in line with Scottish Government guidance in order to mirror the enhanced assurance arrangements in place for Care Homes. Undertake a review of the complex care service. Develop a Clinical and Care Governance Management Group to oversee operational assurance matters and to progress actions from the clinical and care governance committee. 				<ol style="list-style-type: none"> Claire Chapman/Steven Kirkwood Patricia Cassidy/Sara Lacey Patricia Cassidy Marlyn Gardner Suzanne Thomson/Gail Woodcock 		<ol style="list-style-type: none"> 31/12/22 TBC Complete 31/03/23 Complete 	3	4	12
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)								
10.10.22	No change, current risk remains high. Initial Complex Care Review meeting took place in July 2022. Plans in development to review/ increase Complex Care staffing from winter pressures funding.								

SRR6 Commissioning
Risk Owner: Patricia Cassidy
Risk Lead: Iain Henderson/Martin Thom/Gail Woodcock/Steven Kirkwood
Last Review Date: 10.10.22

There is a risk that strategic commissioning plans may not be delivered due to volatility in market conditions and Provider sustainability (in terms of their ability to recruit/retain staff, attract suitably skilled applicants/maximise skill mix and the impact of an increasing cost base due to living wage, Covid, War in Ukraine etc). It is recognised that the pandemic has had a major impact on the financial viability of Providers (in terms of client uptake/occupancy, additional costs associated with PPE, infection, prevention and control and temporary staffing etc). The current financial sustainability arrangements for Providers largely ended on 30 June 2022. As a result, key services may not be available, or existing services may be reduced, resulting in waiting lists, increased hospital admissions, increased adult, support and protection issues, unwarranted variation and avoidable harm to the health and wellbeing of service users, patients and carers.

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend	
4	4	16	<ol style="list-style-type: none"> Nationally agreed Covid financial sustainability arrangements remain in place for Providers until 31 March 2023 (recently reduced coverage from 30 June 2022). The new service model for internal home care services has been agreed and is due to be implemented during 2022/23. The current local framework contract for Home Support and Supported Living was extended to 31 March 2023, as officers were unable to develop a new contract strategy and revised service specification due to the sustained and enduring impact of the pandemic). Partners undertake routine procurement and supply chain monitoring and contract management. Established User Intelligence working group with wider partners in relation to the commissioning of care at home. This group is considering options within the current context of service pressures and delivery. 	4	4	16	↔	
Further Controls Required			Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score
<ol style="list-style-type: none"> Review strategic commissioning plans and consider the current portfolio of social care contracts in advance of the establishment of the National Care Service to ensure a human rights approach and ethical principles of procurement are applied throughout. Ensure Procurement Advisers based within the HSCP have access to the new contract management system developed by Falkirk Council Procurement & Commissioning Unit. Support social care Providers to work more collaboratively to increase productivity by identifying and planning geographical/walking runs which are more efficient and enable Providers to increase their workforce through being able to employ non-drivers, or staff with no access to a vehicle. Implementation of fair working practices in line with Scottish Government policy and forthcoming National Care Service for employees in commissioned services. Implementation of winter pressures pay award for employees in direct care roles within commissioned adult social care services in line with Scottish Government policy (to achieve a min £10.50 per hour basic rate from 1 April 2022). Confirm inflationary uplift to support Providers with non-pay costs in relation to business insurance, energy and fuel costs etc from 1 April 2022. Retender of the Home Support and Supported Living framework under new strategic commissioning process provides an opportunity to introduce a number of mutually beneficial improvements to the current service specification. Exercise to be timed with stabilising market conditions and alongside review of internal home care provision. 			<ol style="list-style-type: none"> Sarah McKenna/Nicola Morrison/Andrea Brown Tracey Reilly/Gina Anderson Claire Chapman Patricia Cassidy Steven Kirkwood Steven Kirkwood Martin Thom 		<ol style="list-style-type: none"> 31/12/22 31/12/22 TBC Ongoing Complete Complete TBC 	3	3	9
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)							
10.10.22	No change, current risk remains high, however future risk likelihood increased due to current market/economic conditions impacting provider sustainability even with all measures in place. There is ongoing concern regarding the loss of experience and expertise within Falkirk Council's Procurement & Commissioning Unit which is a key corporate support function to the IJB following retirements of 2 senior members of staff. Additionally, external market conditions are not conducive to a retender exercise and a revised plan is being developed.							

SRR7 Whole Systems Transformation
 Risk Owner: Patricia Cassidy
 Risk Lead: Claire Copeland/Martin Thom/Gail Woodcock
 Last Review Date: 10.10.22

There is a risk that the IJB does not deliver transformational change across the whole health and social care system. This would adversely affect patient/service user experience, flow and outcomes, financial sustainability and shifting the balance of care and lead to poor performance and quality. It would also contribute to increased inequalities and unmet need (both of which have been exacerbated by Covid).

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend	
3	5	15	1. IJB existing delivery plan remains extant post Covid. 2. NHS FV Unscheduled Care Programme Board has been established with IJB and HSCP representation. 3. NHS FV Primary Care Programme Board has been established with Falkirk IJB CO nominated as co-chair. 4. Review of the community bed base commissioned via Buchan Associates is complete & is being used to inform strategic planning. 5. Progression of new build for intermediate/step down care is now part of the FCH master planning exercise. Capital contribution secured via Falkirk Council. 6. Joint Staff Forum is well established. 7. Palliative and End of Life Care Strategy is now complete. 8. COs of both local IJBs are now attendees of the GP sub committee.	3	4	12	↔	
Further Controls Required			Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score
1. Develop & implement Hospital at Home service. 2. Review & redesign of the Out of Hours Service (including hosting arrangements which have still to be formally confirmed). 3. Finalise baseline set aside budget and bed capacity and develop model for how this is likely to change over time in line with the IJB's strategic plan (in terms of both activity and costs). 4. Planning and operational management responsibility to be transferred to the CO in respect of all outstanding health services to allow the full benefits of integration to be achieved. 5. Development of transformation priorities 6. Participate in Discharge without Delay project			1. Claire Copeland 2. Patricia Cassidy 3. Steven Kirkwood/Ewan Murray/Scott Urquhart 4. Patricia Cassidy/Cathie Cowan 5. Gail Woodcock 6. Gail Woodcock		1. Complete 2. 2022/23 3. 31/03/23 4. 31/03/23 5. 2022/23 6. 2022/23	1	3	3
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)							
10.10.22	No change, current risk remains high. Ongoing pressure continues to be reported in terms of FVRH activity and the site remains in extremis. Planned workshop to finalise baseline data - cost and activity, requires to be re-arranged. New 3-year strategic plan in development with strategic needs assessment completed and public consultation complete on draft priorities and outcomes. Meeting taking place to progress integration service transfers.							

SRR8
Risk Owner: Patricia Cassidy
Risk Lead: Steven Kirkwood/Martin Thom/Gail Woodcock
Last Review Date: 13/10/2022

There is a risk that our resilience and business continuity measures are not effective, resulting in disruption to services, potential increased costs, supply chain problems and stock outs, increased risk of hospital admission and ultimately harm to the health and wellbeing of vulnerable groups and our staff.

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend
4	5	20	<ol style="list-style-type: none"> The IJB places reliance on the resilience strategies and frameworks of partners and suppliers (including policies, plans, procedures, contingency arrangements and training, vulnerable persons databases and on-call rotas). The IJB participates in local, regional and national resilience planning (note IJBs are category 1 responders as part of the Civil Contingencies Act w/e/f 1st April 2021). Partners undertake procurement and supply chain monitoring and contract management. Development and implementation of the Covid-19 Local Mobilisation Plan (LMP) and Covid-19 re-mobilisation and recovery plans. Monthly Covid-19 LMP financial returns submitted to Scottish Government to formally track costs incurred and forecast (which are benchmarked/peer reviewed). Exercises and debriefs are undertaken to test resilience plans and lessons learned. Mandatory staff training in health & safety, moving & handling, violence & aggression, GDPR etc Refresh/review of HSCP business continuity plans by Heads of Integration, including identification and prioritisation of critical integrated functions. Implementation of post Covid enhanced assurance arrangements and multidisciplinary oversight for Care Homes in line with Scottish Government guidance. Implementation of the SHE assure system in Falkirk Council to report, track and monitor accidents/incidents/near misses relating to health & safety across Adult Social Care services (note that additional functionality relating to health & safety in relation to Premises Management is expected to go live in 2022). Participate in annual winter planning exercise in conjunction with NHS Forth Valley and Falkirk Council. 	3	5	15	↔

Further Controls Required	Further Controls Owner	Further controls target date	Target Likelihood	Target Impact	Target Score
<ol style="list-style-type: none"> Expand our recruitment campaigns to reach a wider audience through use of social media, S1 Jobs, indeed, local press and recruitment fairs in conjunction with Forth Valley College. Secure bank HCSWs hosted by NHS Forth Valley for temporary support for our services to increase capacity. Support Providers to increase their workforce and enhance productivity by identifying and planning walking runs which enables non-drivers, or staff with no access to a vehicle, to be employed. Establish the Care Home Assurance and Review Team (CHART) on a permanent basis. Secure increased intermediate/step down care beds, including appropriate medical cover (through a 24-bed block contract with Newcarron Court Care Home and Caledonia Court Care Home). Approve funding proposals to clear the Psychological Therapies waiting list backlog (via the initial Mental Health Recovery and Renewal Fund allocation). Increase capacity by reviewing Home Care packages in conjunction with Providers with a view to temporarily reducing support (where clinically appropriate and safe to do so). Support from internal audit through the forthcoming review of "the impact of Covid 19 on existing business continuity and resilience arrangements, as well as the arrangements for recovery and reconfiguration, including a focus on the review and integration of Health and Social Care Partnership resilience planning frameworks". Consideration of alternative ways of working to increase capacity, including equipment and training to enable single handed carers to work more effectively and the potential for aspects of "social support" to be provided by the third sector. Ring fence the 2021/22 forecast underspend against Falkirk Community Hospital to test new and increased models of care and support in the community, including the extension of AHP led support in community care settings. Establish a Community Care Oversight Group in line with Scottish Government guidance to mirror the enhanced assurance arrangements in place for Care Homes. Establish a HSCP Health and Safety Management Group. Commission urgent Fire Risk Assessments for internal Care Home and day care premises operated by Falkirk Council. Formally agree category 1 responder arrangements on a Forth Valley area wide basis. Develop action plan in response to internal audit's review of the IJB's resilience and business continuity arrangements. 	<ol style="list-style-type: none"> Paul Surgenor/Michael Brown/Tracey Gillespie Linda Donaldson Claire Chapman Claire Chapman/Steven Kirkwood Claire Chapman/Steven Kirkwood Jen Borthwick Gordon McKenzie Steven Kirkwood/Martin Thom/Gail Woodcock Gordon McKenzie Steven Kirkwood Patricia Cassidy Tracey Reilly Tracey Reilly Patricia Cassidy Steven Kirkwood 	<ol style="list-style-type: none"> Winter 22 On-going Ongoing 31/12/22 On-going Complete Ongoing Ongoing Complete Ongoing Complete Complete Complete Ongoing Complete 	3	3	9

Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)
10.10.22	No change. Risk remains high. Intermediate Care beds new tender issued, awaiting outcomes, expected in November 2022. Health & Safety Management Group first meeting took place in Sept. 2022.

SRR9 Primary Care
 Risk Owner: Patricia Cassidy
 Risk Lead: Kathy O'Neill
 Last Review Date: 01.08.22

If there is insufficient funding and recruitment, there is a risk that NHS FV will not implement the Primary Care Improvement Plan, resulting in an inability to fulfil the Scottish Government Memorandum of Understanding as part of the GP contract, jeopardising GP practice sustainability and potential financial penalty for non-implementation.

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend
5	4	20	1. Primary Care Improvement Plan (iteration 3) agreed and endorsed by partners which delivers significant proportion of requirement. 2. Tripartite statement (as part of PCIP) outlines constraints / risks / challenges re full delivery of the plan. 3. Transfer of vaccination risk to NHS Board. 4. Governance structure for delivery in place - Implementation group; leadership group; workstreams. Reporting against progress etc (90-day reporting tool). 5. Strategic Deployment Matrix in place to support annual priorities. 'Results' used to chart progress and realise benefits. Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation. 6. Support focus on infrastructure, e.g. Primary Care IT, premises. 7. Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD. 8. Strong working relationships between partners, PCIP steering group team, committees. 9. Alternative / complementary sources of funding have been prioritised to support gaps in plan (e.g. Action 15 Mental health funding). 10. Accelerated implementation of elements of the plan that can be resourced sustainably in line with FV tripartite MOU workstream priorities (High impact to GP sustainability). This way forward was informed by options appraisal. 11. Slippage funding in place to fund the 22/23 plan on a non-recurring basis. 12. Discussions are ongoing with Scottish Government re recurring gap. 13. Mitigate gaps in service caused by staff turnover by permitting 5% "over" recruitment assured against anticipated turnover. 14. Strong and regular engagement with SG and BMA in place regarding national MOU funding allocations / requirement. 15. Primary Care Premises Group established.	4	3	12	↔

Further Controls Required	Further Controls Owner	Further controls target date	Target Likelihood	Target Impact	Target Score
1. Explore opportunities for resource sharing where there is clear whole system benefit (e.g. MSK physio; phlebotomy, MH).	1. Kathy O'Neill/Scott Williams	1. 31/03/23	2	3	6

Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)
12.05.22	The narrative for this risk reflects the update on NHS Forth Valley's strategic risk register presented at their Board meeting on 26 July 2022: Implementation has progressed in line with our PCIP plan, with additional risk mitigations in place as described; in particular, pro-active planning and use of slippage funding which has facilitated assurance for the remaining plan. Despite a revised MOU, there remains some ambiguity around some of the contractual definitions and future national funding to assure full delivery of the contract avoiding any transitional payments.

In using the matrix you should consider the potential areas of impact that your risk presents to Falkirk IJB and score appropriately. The final assessment of the impact of your risk is not an aggregation of your scores - it is based on your highest score in any one of the following categories. They are provided as a guide and professional assessment will determine the most applicable impact score. The highest scoring impact will determine the risk category and target score for the risk.

Impact – What could happen if the risk occurred? Assess for each category and use the highest score identified.

The impact scale is from an organisational level perspective. It reflects the key areas that if impacted could prevent the organisation achieving its priorities and objectives. The scale is a guide and cannot cover every type of impact therefore judgement is required.

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Patient or Service user Experience	Reduced quality patient experience/clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience/ clinical outcome, short term effects – expect recovery less than 1wk Increased level of care/stay less than 7 days	Unsatisfactory patient experience /clinical outcome, long term effects - expect recovery over more than 1week Increased level of care/stay 7 -15 days	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects
Objectives/ Project	Barely noticeable reduction in scope/quality/ schedule	Minor reduction in scope/quality/ schedule	Reduction in scope/quality/project objectives or schedule	Significant project over-run	Inability to meet project/corporate objectives, reputation of the organisation seriously damaged
Injury /illness (physical and psychological) to patient/service user/visitor/staff/carers	Adverse event leading to minor injury not requiring first aid No staff absence	Minor injury or illness, first aid treatment required Up to 3 days staff absence	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling RIDDOR over 7- day absence due to injury/dangerous occurrences	Major injuries/long term incapacity /disability (e.g. loss of limb), requiring, medical treatment and/or counselling RIDDOR over 7- day absence due to major injury/dangerous occurrences	Incident leading to death(s) or major permanent incapacity

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Complaints/Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim Complex Justified complaint
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care/service provision	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service Resources stretched Potentially impaired operating capability Pressure on service provision	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked Potentially impaired operating capability Temp service closure	Permanent loss of core service/ facility Disruption to facility leading to significant "knock on" effect -- Inability to function
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day) Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to lack of/ ineffective training/ implementation of training	Late delivery of key objective/service /care due to lack of staff Moderate error due to lack of/ ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective/service/care due to lack of staff Major error due to lack of/ ineffective training / implementation of training	Non-delivery of key objective/ service/care due to lack of staff. Loss of key staff Critical error due to lack of/ ineffective training/ implementation of training

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Financial (including Damage/Loss/Theft/Fraud)	Negligible organisational/personal financial loss up to £100k	Minor organisational/personal financial loss of £100k - £250K	Significant organisational/personal financial loss of £250k - £500k	Major organisational/personal financial loss of £500k - £1m	Severe organisational financial loss of more than £1m
Inspection/Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action	Challenging recommendations that can be addressed with appropriate action plan Improvement Notice	Enforcement/prohibition action Low Rating Critical report	Prosecution Zero rating Severely critical report
Adverse Publicity/Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term Some public embarrassment Minor effect on staff morale/public attitudes	Local media - long-term adverse publicity Significant effect on staff morale/public perception of the organisation Local MSP/SEHD interest	National media adverse publicity less than 3 days Public confidence in the organisation undermined Use of services affected	National/International media/ adverse publicity, more than 3 days MSP/MP/SEHD concern (Questions in Parliament) Court Enforcement/Public Enquiry/FAI

Likelihood – What is the likelihood of the risk occurring? Assess using the criteria below.

Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
It is assessed that the risk is <u>very unlikely</u> to ever happen.	It is assessed that the risk is <u>not likely</u> to happen.	It is assessed that the risk <u>may</u> happen.	It is assessed that the risk is <u>likely</u> to happen.	It is assessed that the risk is <u>very likely</u> to happen.
Will only occur in exceptional circumstances	Unlikely to occur but potential exists	Reasonable chance of occurring - has happened before on occasions	Likely to occur - strong possibility	The event will occur in most circumstances

Risk Assessment Table – Multiply likelihood score by impact score to determine the risk rating (score).

LIKELIHOOD	5	Medium 5	High 10	High 15	Very High 20	Very High 25
	4	Medium 4	Medium 8	High 12	High 16	Very High 20
	3	Low 3	Medium 6	Medium 9	High 12	High 15
	2	Low 2	Medium 4	Medium 6	Medium 8	High 10
	1	Low 1	Low 2	Low 3	Medium 4	Medium 5
		1	2	3	4	5
		IMPACT				

Review Timescales – When a risk rating has been assigned the criteria below should be used to assess the review timescales.

Very High or High	Requires monthly monitoring and updates.
Medium	Requires quarterly monitoring and updates.
Low	Requires 6 monthly monitoring and updates.