

# **Agenda Item 4**

## **Strategic Risk Register**



## Falkirk Integration Joint Board Audit Committee

1 March 2024

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 17 November 2023.
- 1.3 There are currently 9 live risks recorded in the register, 2 are considered very high risk, 6 are 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 on a monthly basis, 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 2023/24 (2 are considered as very high risk and 6 as high risk and 1 as medium risk) as summarised in the table below. 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 Rating	Target Risk Rating	Last Reviewed	Change
1. Financial Sustainability	Chief Finance Officer	Very High 25	High 12	Dec 2023	
2. Governance arrangements	Chief Officer	Medium 9	Medium 4	Dec 2023	
3. Partnerships	Heads of Integration/Senior Service Manager	High 16	Low 3	Dec 2023	
4. Capacity and infrastructure	Chief Officer Heads of HR	High 16	High 12	Dec 2023	
5. Assurance	Senior Service Manager/Medical Director/CSWO	High 16	High 12	Dec 2023	
6. Commissioning	Heads of Integration/ Head of Procurement	High 16	Medium 9	Dec 2023	
7. Whole Systems Transformation	Director of Acute Services/Heads of Integration	High 12	Low 3	Dec 2023	
8. Resilience & Business Continuity	Heads of Integration/Chief Finance Officer	High 15	Medium 9	Dec 2023	
9. Primary Care Sustainability	Head of Primary Care	Very High 20	Medium 6	Dec 2023	

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 strategic risk 1 has deteriorated with the others remaining unchanged. Key considerations in reaching the conclusions are noted below:

- Strategic Risk 1 has been increased to very high risk following publication of the 2024/25 business case which identifies an initial savings gap of over £19m to be addressed through savings plan and/or increased funding negotiations.
- A decision-making flow chart has been developed to provide a visual representation of the governance arrangements and approval routes for proposed service changes and/or investment bids relating to delegated health functions. This is intended to assist Service Managers to ensure that proposals are routed to the correct decision-making body. The flow chart is currently being “road tested” and the results will be fed back to all Partners in due course for consideration.
- There has been limited progress with implementing the Integration Scheme however local partners have agreed to commission a resource (fixed term appointment) to lead on the completion of this review. This would create the capacity and suitable skillset (legal background) to develop a new Integration Scheme, timescales to follow thereafter.
- Complex Care workforce plan delivery is ongoing, recruitment to posts has been slow due to a local/national supply/demand issue for registered nurses. As a Hosted Service, future direction requires to be agreed with CSIJB new Head of Service.
- Risk 9 was reviewed at the GP Sustainability Group as a result of recent challenges around 2 GP practices handing back enhanced services and also other ongoing challenges around the implementation of Primary Care Improvement Plan (PCIP). It was agreed at this stage that the enhanced services element remains best placed within the service’s organisational risk register unless this situation deteriorates significantly. It was also agreed the Head of PC would be added as a joint risk lead. There is no change to the risk score, controls or actions.
- There are 3 prisons in the Forth Valley Area HMP Polmont, Stirling and Glenochil. The populations include: young male, adult males and adult females, mother and baby unit and a sex offender unit. Prisons Healthcare Services (PHCS) transferred to NHS Boards from the Scottish Prison Services (SPS) in 2011. Services provides the full range of Primary Care and Mental Health services to these prisons, including; general medical, Mental Health, dentistry, pharmacy and Addiction services, provided in health centres within each prison. Prison healthcare with the associated risk and budget remains the responsibility of NHS Forth Valley. The service is operationally managed within the Falkirk HSCP by the Head of Primary Care reporting via Chief Officer to the NHS Chief Executive . Formal delegation to the IJBs is planned, but subject to the review of the IJB

Integration Scheme. As a result, this has not yet been added to the IJB Risk Register and will continue to report through the NHS risk register. For awareness there are challenges in recruitment and retention and an underlying financial challenge, likely to be exacerbated by SPS plans to increase in the population at HMP Polmont by about 210 additional prisoners. This will present a risk to the safe and effective delivery of services as additional resources will be needed to manage this increase. An outline business case identifying an investment requirement of £1.4m to meet the increased numbers/demand and associated risks, has been highlighted to both HSCPs' and NHSFV Executive Leadership Teams. The formal case will be taken into the NHSFV Strategic Investment Process, although some mitigating operational actions have been identified to manage risks in the short term.

## 5. Conclusions

- 5.1 9 active strategic risks have been identified for 2023/24 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

EPIA reference 00481

An initial EPIA has been completed. This report provides an update on the IJB's Strategic Risk Register. The report asks Senior Leadership Team to note the Strategic Risk Register and does not ask Senior Leadership Team to make a decision which will impact on people. Therefore, a full EPIA is not required.

Should any changes be made to the policies, procedures or services detailed within the report, a full EPIA may be required.

This initial EPIA will be kept under review.

## 6. Report Author

6.1 Mark Fairley, Interim 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 17 November 2023.

## 8. Appendices

Appendix 1:	Strategic Risk Assessment
Appendix 2:	Risk Assessment Scoring Template

SRR1 Financial Sustainability  
 Risk Owner: Patricia Cassidy  
 Risk Lead: Mark Fairley  
 Last Review Date: 07/12/2023

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 current level of uncertainty associated with covid recovery, the war in Ukraine, cost of living crisis, tight financial settlements for local government and health and the impact of increasing demand, the magnitude of the potential costs involved represent a continuing significant financial risk. Additional covid consequential have ceased and any 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		
5	5	25	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 which is currently being reviewed. 4 IJB CFO attends regular 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. 6 A Medium Term Financial Plan is in place, the latest iteration covering the 4 year period from 2023/24. 7 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. 8 Directions are prepared in respect of set aside and integrated functions to convey IJB decision making and payments to partners. These require further development. 9 The IJB Audit Committee is well established.	5	5	25	↓		
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 in 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 Develop better integrated finance team working. 5 Agree planned use and implementation of Winter Pressure reserves 6 Implement CIPFA Financial Management Code. 7 Develop 2024/25 business case and refresh MTFP using business case data.				1 Suzanne Thomson 2 Mark Fairley/ Ewan Murray/ Scott Urquhart  3 Kenneth Lawrie/Amanda Croft 4 Mark Fairley 5 Mark Fairley 6 Mark Fairley 7 Mark Fairley		Ongoing TBC  31/07/2024 31/07/2024 Complete Complete 31/03/2024	3	4	12
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)								
07/12/2023	The draft business case for 2024/25 was presented to IJB on 1 December 2023 and indicates a gap of nearly £20m that requires to be addressed through savings and/or further funding negotiations. At present a number of additional savings options are being explored but risk remains very high until such time as savings are identified and implemented. Consequently both the untreated and current risk likelihood have been amended to 5 - almost certain. Current impact has also been revised to 5 - severe organisational loss. Current year monitoring shows a continuing pressure against care at home and residential care budgets, (both internal and external residential care). Delayed prescribing analysis also confirms significant prescribing cost pressures that require to be addressed. Audit Committee Chair has expressed concern regarding CFO retirement and possible impact. Timelines for review of Integration Scheme and better integrated finance team working extended. CIPFA FM code now completed - move to current control next review.								

SRR2  
 Risk Owner: Patricia Cassidy  
 Risk Lead: Gail Woodcock/Martin Thom  
 Last Review Date: 12/12/2023

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 transformation, 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 Committees. 7 Annual Performance Report 8 Risk Assessment Framework 9 Governance Principles 10 Participation in the National Care Service consultation. 11 Clinical and Care Governance Management Group implemented to provide senior operational leadership team with oversight of all aspects of care governance across the health and social care partnerships areas of 12 Annual review of the HSCP Senior Leadership Group and its reporting groups terms of reference. 13 Provision of annual assurance statements from the Clinical & Care Governance Committee and Audit Committee and the Joint Staff Forum to the IJB provide assurance that the committee structure supports delivery of strategic priorities and ensures that operational and strategic risks are being managed effectively 14 The programme of IJB development sessions with the IJB members and senior officers is ongoing. These take place on a quarterly basis and include joint training and development on good governance for IJB board members and senior officers. 15 The governance arrangements relating to the ADP and its links into the IJB is now complete. 16 CO is a member of NHS Executive Leadership Team, Falkirk Council CMT and co-chair of NHS FV Unscheduled Care Programme Board and chair of Primary Care Board	3	3	9	↔	
Further Controls Required				Further controls owners	Further controls target date	Target Likelihood	Target Impact	Target Score
1	Conclude the review of the Integration Scheme.			1 Kenneth Lawrie/Amanda Croft	31/07/2024			
2	Prioritise the IJB transformation programme, including anticipated delivery of key milestones which will highlight governance requirements and help to mitigate this risk.			2 Gail Woodcock/ Suzanne Thompson	30/06/2024			
3	Audit Committee self-assessment against good practice principles.			3 Mark Fairley	31/03/2024			
4	Review of all management governance within HSCP including ToR and levels of delegated authority of each management group.			4 Gail Woodcock	awaiting completion and sign off at SLT	2	2	4
5	A decision-making flow chart has been developed to provide a visual representation of the governance arrangements/approval routes for proposed service changes and or investment bids relating to delegated health functions. This is intended to assist Service Managers to ensure that proposals are routed to the correct decision-making body. Work is ongoing to "road test" and refine the flow chart and new group led by Frances Dodd & both IJB COs has been set up to support this work.			5 PatriciaCassidy Frances Dodd	31/03/2024			
6	Ensuring clarity around responsibility for hosted services using AHP services as a pathfinder.			6 Pauline Beirne/Gail Woodcock/Jane Yarrow	31/03/2024			
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)							
12/12/2023	No change to overall risk rating. Deep dive required to review appropriateness and effectiveness of controls (MT/GW/SK). Updated timeline for Integration Scheme is under review. The Decision Making Matrix /Flow Chart is currently being road tested with a completion date of 31/03/24. Completed future actions have either been removed or now shown as current controls. Audit Committee Self-Assessment now supported through 2023/24 internal audit plan. The Management Governance Report has been discussed at SMT and now requires to progress to formal approval and implementation. ADP control complete and will move to current controls next review.							



SRR3 Partnerships  
 Risk Owner: Patricia Cassidy  
 Risk Lead: Suzanne Thomson/Martin Thom/Gail Woodcock /Judith Proctor  
 Last Review Date: 12/12/2023

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 and will be refreshed in 2024 6 Market Facilitation Plan. 7 Children's Commission 8 Adult Support Protection Committee (ASP) 9 Alcohol and Drug Partnership Committee (ADP) 10 Gender Based Violence Committee (GBV) 11 Active member of the Community Planning Partnership (CPP). 12 Review and scrutiny of funded partner initiatives, with oversight from Partnership Funding group 13 Engagement of an Independent Sector Lead. 14 CO is a member of NHS Executive Leadership Team, Falkirk Council CMT and co-chair of NHS FV Unscheduled Care Programme Board and chair of Primary Care Board 15 There are range of Partnership governance groups which have partner representation as part of their integral membership, including Strategic Planning Group, HSCP SLT. 16 Completion of Community Led Support programme, commissioned from National Development Team for Inclusion (NDTI)	4	4	16	↔			
Further Controls Required				Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score	
1	Through establishment of appropriate locality level governance framework, development of a specific Locality Planning Group for each of the three localities and continue to develop locality working including strengthening the partner relationships focussed on outcomes at locality level. First group to be established in Central Locality by 30/6/24. It is proposed that a member of each Locality Planning Group to be represented on the Partnership's Strategic Planning Group.			1	Caroline Docherty/ Marlyn Gardner/ Gordon McKenzie		Ongoing			3
2	Development new 3 year Partnership Funding investment strategy.			2	Lesley MacArthur		31/03/2024			
3	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 members and Strategic Planning Group members).			3	Patricia Cassidy		Ongoing	1	3	
4	Develop a programme of regular engagement events and communications with partners. (See also SRR2 re engagement and participation strategies)			4	Gail Woodcock/ Paul Surgenor		Ongoing			
5	Market Facilitation Plan under review in 2023/24.			6	Suzanne Thomson		31/03/2024			
6	Participation and engagement strategy in place and will be refreshed in 2024			7	Suzanne Thomson		TBC			
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)									
12/12/2023	Moved current controls to further controls as appropriate. No change to risk scoring but deep dive required to review risk scoring (GW/MT/ST). Do we need to add Integration Scheme review as a future control? Note NHSFV escalation level 4.									

SRR4 Capacity & Infrastructure  
 Risk Owner: Patricia Cassidy  
 Risk Lead: Michael Brown/Tracey Gillespie  
 Last Review Date: 12/12/2023

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 few 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 end of financial support under Covid.

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend		
5	4	20	1 Developed an integrated organisational structure and integrated workforce plan. 2 Mainstreamed recurring leadership funding to recruit to key roles in terms of business management, performance, programme management, communications, Technology Enabled Care, policy etc 3 Facilitated team building and collaborative leadership development sessions with the extended Senior Management Team and established a similar development programme for other staff groups (in conjunction with Animate Consulting). 4 Participate in the Modern Apprentice and Graduate Trainee schemes operated by NHS and Local Authority partners. 5 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. 6 Develop and promote a corporate identity/brand for all HSCP staff. 7 Participate in matters and implement an associated action plan. 8 Share of £300m national funding package announced by the Scottish Government in 2021/22 utilised to recruit additional HCSWs, expand MDT roles and expansion of Care at Home. 9 Both partners are accredited living wage employers. 10 Introduction of a fast track recruitment process by NHS Forth Valley for applications to the staff bank. 11 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.	4	4	16	↔		
Further Controls Required				Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score
1 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 2 Admin review underway to consider demand and capacity. 3 Complete the review of the Integration Scheme, including finalisation of more formal arrangements with partners in relation to corporate support functions. 4 Work with both partners in relation to ICT to minimise the need for dual systems and hardware. 5 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. Carry out bedded care review and use outputs to inform future business case. 6 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 7 Progress approved recruitment of People and Wellbeing Lead to work with staff to recognise achievements, improve retention etc 8 Review the work of the Social Work Recruitment and Retention working group and apply any learning to wider HSCP workforce 9 WFPIG is functional however it needs increased level of focus on ensuring that all actions are agreed and progressed in order for a meaningful annual review of the WFP to be conducted. Recommendations from Internal Audit also need to be considered by 31/7/24. 10 Consider the establishment of a dedicated HSCP staff bank to reduce reliance on agency staffing and increase flexibility				1 Paul Surgenor/Michael Brown/Tracey Gillespie 2 Frances Mackie 3 Amanda Croft/ Kenneth Lawrie 4 Ian Rennie/Scott Jaffray 5 Gail Woodcock/Martin Thom 6 Claire Chapman/Andrea Brown 7 Suzanne Thomson 8 Martin Thom 9 Tracey Gillespie/ Scott MacKinnon/ Linda Robertson/ Martin Thom 10 Tracey Reilly/Rona Stalker		Ongoing 31/07/2024 Ongoing 31/03/2024 31/07/2024 Ongoing Ongoing Ongoing Ongoing 31/03/2024	4	3	12
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)								
12/12/2023	Will consider splitting this risk into two separate risks for Workforce and separately for Infrastructure given present workforce recruitment and retention concerns. Administration review currently underway to consider demand and capacity across Falkirk HSCP. An initial meeting was held with NHS FV Risk Management Team on 29 November 2023 to progress deep dive/ review work. Further meetings with key risk owners will be arranged in early 2024 to conclude deep dive exercise relating to this risk. Working group is currently being established to progress the actions in the workforce plan. Completed future actions now largely moved to business as usual. Noted that various actions are ongoing and require completion timescales.								

SRR5 Assurance  
 Risk Owner: Patricia Cassidy  
 Risk Lead: Nicola Wood  
 Last Review Date: 12/12/2023

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 was exacerbated by the pandemic in terms of the prevalence of long covid (and the requirement for new services and treatments) and the potential adverse impact on health inequalities.

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend	
4	4	16	1 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 2 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. 3 The IJB is represented on various public protection groups. 4 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. 5 There is an automated internal care home inspection reporting process for senior management. 6 Complaints procedures are in place for all services delivered by partners and for the IJB as a public body in its own right 7 The IJB and its constituent authorities are bound by the Duty of Candour. 8 An annual performance report is published as a statutory requirement under the Public Bodies Joint Working (Scotland) Act 9 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 10 Services are subject to external scrutiny & review through the Care Inspectorate and Healthcare Improvement Scotland 11 Community Care Oversight Group established in line with Scottish Government guidance in order to mirror the enhanced assurance arrangements in place for Care Homes. 12 Clinical and Care Governance Management Group established to oversee operational assurance matters and to progress actions from the clinical and care governance committee. 13 Improvement plan developed to address the recommendations of the joint inspection of adult support and protection arrangements in Falkirk.	4	4	16	↔	
Further Controls Required			Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score
1	Establish CHART and Home First on a permanent basis		1	Claire Chapman/Mark Fairley	31/03/2024			
2	Assurance actions in respect of newly transferred services (Primary Care and Out of Hours) to be reviewed/ considered from a risk perspective.		2	Gail Woodcock/ SLT/Judith Proctor	30/06/2023	3	4	12
3	Review Clinical and Care Governance Management Group and implement improvements		2	Suzanne Thomson /Gail Woodcock/Martin Thom/Nicola Wood	30/06/2024			
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)							
12/12/2023	Additional further control added in respect of the Clinical and Care Governance Management Group review. Complex Care workforce plan delivery is ongoing, recruitment to posts has been slow due to a local/national supply/demand issues for registered nurses. As a Hosted Establishment of CHART on a permanent basis is inter-linked with Home First developments that were agreed at SLT in April 2023, final paper being presented to SLT in December to complete. Deep Dive review required on this risk once new Lead nurse is in post (NW/TR/GW/JJP).							

**SRR6** Commissioning  
**Risk Owner:** Patricia Cassidy  
**Risk Lead:** Martin Thom/Gail Woodcock/Mark Fairley  
**Last Review Date:** 12/12/2023

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). 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 Likelihood	Current Impact	Current Score	Current Risk Trend		
4	4	16	<ol style="list-style-type: none"> <li>The new service model for internal home care services has been agreed and is due to be implemented during 2023/24 (extended due to capacity challenges).</li> <li>Partners undertake routine procurement and supply chain monitoring and contract management</li> <li>The Care at Home and Supported Living UIG has developed a new framework with invitations to tender to be evaluated prior to commencement of contract on 1st April 2024.</li> <li>Commissioning plan on care homes for older people produced annually.</li> <li>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.</li> <li>Fair working practices in line with Scottish Government policy and forthcoming National Care Service for employees in commissioned services implemented.</li> <li>Living Wage uplifts implemented for employees in direct care roles within commissioned adult social care services in line with Scottish Government policy.</li> <li>Non-pays uplifts implemented for commissioned adult social care services.</li> <li>Procurement advisors within HSCP have access to the new contract management system developed by Falkirk Council as well as local, robust contract management systems.</li> </ol>	4	4	16	↔		
Further Controls Required				Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score
1	Implement the new service model for internal home care services			1	Caroline Doherty		TBC		
2	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.			2	Claire Chapman		TBC		
3	Evaluation and Implementation of the new care at home 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 review of internal home care provision.			3	Liz Beattie/Martin Thom		31/03/2024	3	3
4	Short Term Assessment Beds Agreement to be reviewed as part of bedded care requirements for 2024/25 onwards			4	Gail Woodcock		TBC		9
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)								
12/12/2023	No change, current risk remains high reflecting current market/economic conditions impacting provider sustainability even with all measures in place. There is ongoing concern regarding the loss of experience, expertise and capacity within the Procurement, Commissioning and Contract Management functions following various restructures and realignments. This position requires further review. The Care at Home and Supported Living UIG has developed a new framework with invitations to tender to be evaluated prior to commencement of contract on 1st April 2024. NCHC and Scotland XL Care at Home uplift rates have been agreed for 2023/24. A further control is now required to review the impact and options for continuing or reducing the short term assesment beds agreement that is currently in place. (MT/GW/MF/TR/IH).								

**SRR7** Whole Systems Transformation  
**Risk Owner:** Patricia Cassidy  
**Risk Lead:** Martin Thom/Gail Woodcock/Suzanne Thompson  
**Last Review Date:** 12/12/2023

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 strategic plan agreed in March 2023. 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 as chair. These arrangements require to be reviewed following the transfer of Primary Care under IJB management. 4 Joint Staff Forum is well established. 5 Review of Palliative and End of Life Care Strategy has been completed and a commissioning plan is required prior to implementation. 6 COs of both local IJBs are now attendees of the GP sub committee. 7 Hospital at Home service has been implemented and established. 8 Transformation Board established to oversee significant transformational programmes/projects with clearly defined transformational priorities.	3	4	12	↔	
Further Controls Required			Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score
1	Review & redesign of the Out of Hours Service (Hosting arrangements now confirmed) as part of the Reimagining Care Closer to home whole system programme.		1 Judith Proctor		Ongoing			3
2	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).		2 Mark Fairley/Ewan Murray/Scott Urquhart		30/06/2024			
3	Planning and operational management responsibility for Primary Care, Prisons and OOH to be transferred to the CO in respect of all outstanding health services to allow the full benefits of integration to be achieved - complete 31/01/23 but due diligence on-going . Further work on Prisons ongoing		3 Patricia Cassidy/Amanda Croft		31/07/2024			
4	Participate in Discharge without Delay project and Whole System Reset		4 Gail Woodcock		Ongoing	1	3	
5	Participate in Reimagining Care Closer to Home and progress integrated out of hours priority and single access point priority		5 Gail Woodcock		Ongoing			
6	Development of a prioritised and costed transformation plan is required to support delivery of IJB strategic plan		6 TBC		TBC			
7	NHS FV Primary Care Programme Board arrangements are required to be reviewed following the transfer of Primary Care under IJB management.		7 Judith Proctor		TBC			
8	Community bed review working group and business case are underway to progress a new build for intermediate/step down care.		8 Gail Woodcock/Claire Chapman		TBC			
9	Commission plan required following palliative and end of life care strategy review		9 TBC		TBC			
10	Transformation Board to be reviewed to ensure it is focusing on priorities and has clear escalation and update routes to SLT		10 TBC		TBC			
11	Ensure mechanism is established to allow Digital & TEC boards to report into Transformation board		11 TBC		TBC			
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)							
12/12/2023	There has been no recent progress establishing Set Aside budget baselines. Remaining services have transferred into Integration/ HSCP management and due diligence is outstanding. Ongoing pressure continues to be reported in terms of FVRH activity and the site remains challenging. Timeline for future risk score requires to be considered - services have now transferred providing the scope for integration benefits however benefits will take time to deliver. Six additional further controls have been established however there has been no change to overall risk scores. Deep dive exercise required to review impact of cost of living, GP sustainability, provider sustainability and staff recruitment challenges on ability to deliver whole system transformation. (These aspects are covered by other Strategic Risks). Deep Dive to be progressed (ST/GW/MT/MF/TR).							

SRR8 Resilience & Business Continuity  
 Risk Owner: Patricia Cassidy  
 Risk Lead: Mark Fairley/Martin Thom/Gail Woodcock  
 Last Review Date: 12/12/2023

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	1 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). 2 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). 3 Partners undertake procurement and supply chain monitoring and contract management. 4 Exercises and debriefs are undertaken to test resilience plans and lessons learned. 5 Mandatory staff training in health & safety, moving & handling, violence & aggression, GDPR etc 6 Refresh/review of HSCP business continuity plans by Heads of Integration and Locality/ Service Managers, including identification and prioritisation of critical integrated functions. 7 Integrated Care Home assurance arrangements in place whole system 8 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). 9 Participate in annual winter planning exercise in conjunction with NHS Forth Valley and Falkirk Council. 10 Fire Risk Assessments for internal Care Home and day care premises operated by Falkirk Council are conducted on an annual basis. 11 HSCP Health and Safety Management Group in place, reporting to the HSCP Senior Leadership Team. 12 Care Home Assurance and Review Team (CHART) has now been established on a permanent basis.	3	5	15	↔
Further Controls Required				Further Controls Owner			
1	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	1	Paul Surgenor/ Michael Brown/ Tracey Gillespie	Ongoing			
2	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	2	Claire Chapman	Ongoing			
3	Short term assessment/step down beds are secured with local care homes until March 2024. Care Homes delivering this service are Caledonian Court, Haining, Summerdale, Barleystone and Kinnaid. Non-recurring funding is only available until 31 March 2024 therefore a plan around future interim beds and other available options is required to be developed.	3	Claire Chapman/ Mark Fairley	31/03/2024			
4	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).	4	Gordon McKenzie	Ongoing	3	3	9
5	Formally agree category 1 responder arrangements on a Forth Valley area wide basis.	5	Patricia Cassidy	Ongoing			
6	Implement action plan in response to internal audit's review of the IJB's resilience and business continuity arrangements	6	Tracey Reilly	31/03/2024			
7	Community Care Oversight Group in line with Scottish Government guidance is required to be established to mirror the enhanced assurance arrangements in place for Care Homes.	7	TBC	TBC			
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)						
12/12/2023	Risk remains high. Review of BCPs requires to be progressed as a priority. Further control added with regards to implementing Scottish Government guidance to mirror the enhanced assurance arrangement which is in place for Care Homes through the Community Care Oversight Group. There has been slippage with timescales for a number of "ongoing" actions and these require to be further reviewed as part of a programme of deep dives (GW/MT/MF/TR). Slow Stream rehab facility rolled out in Grangemouth to increase capacity.						

SRR9 Primary Care Sustainability  
 Risk Owner: Patricia Cassidy  
 Risk Lead: Judith Proctor/Scott Williams  
 Last Review Date: 14/12/2023

If workforce composition and accommodation for Primary Care does not evolve to meet changing population needs and internal/external pressures such as increasing costs/technological advances, there is a risk that critical quality and sustainability issues will be experienced in the delivery of general medical services, leading to pressures in neighbouring practices and across other parts of the system (e.g. ED/urgent care, OOH).

Untreated Likelihood	Untreated Impact	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Current Risk Trend		
5	5	25	1 Sustainability Improvement loans process in place. 2 Primary Care Improvement Plan being delivered (circa 180 posts recruited) - proactively supporting recruitment etc. (PCIP Improvement Plan iteration 3 substantively delivered in March 2022 - 180 of 200 posts). 3 Expansion of community pharmacy services. 4 GP IT Programme Board established to look at wider IT issues affecting Primary Care including remote working and telephony solutions. Roll out of remote server solution - around 50 laptops have been distributed. 5 Capital Investment Programme in PC premises initial agreement completion Dec-21 - Initial Agreement has now been approved, and 4 outline business cases will be commenced over the next year for significant premises 6 Primary Care Programme Board Re-established November 2021. 7 Premises Improvement funding in place (capital budget available each year, revenue budget carried over from last year) Premises improvement completed last year, and there's a new programme of work in play for this year. 8 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. 9 Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements. 10 GP Sub-committee (GPs working collaboratively) put together an away day, and developed a paper outlining actions to improve recruitment and retention in FV, e.g. attracting and supporting trainee doctors. As at 06 April, currently funding GP sessions to help implement the outputs from the paper. 11 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. 12 Primary Care Premises Group established - deals with sustainability loans, and the 4 business cases e.g. Falkirk Community Hospital and Primary Care Programme Board. 13 Board appointed GPs where there are issues such as rural practices. 14 The risk is reviewed monthly as a standing item at the GP Sustainability Group	4	5	20	↔		
Further Controls Required				Further Controls Owner		Further controls target date	Target Likelihood	Target Impact	Target Score
1 Development of new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload. Further investment in PCIP and roles proved of most value – e.g. mental 2 Monitoring GP sustainability and workload data was progressed 50% as we have developed and designed the process and adapted the questions based on the initial tranche of data. We are now continuing to gather and analyse the data. 3 Development of Governance and escalation routes. It is currently assessed that the action has been progressed by 30% as work continues within the FHSCP to finalise governance which will be supported by the appointment of a new head of PC, for which there is a preferred candidate.				1 Judith Proctor 2 Louise McCallum 3 TBC		31/12/23 01/04/24 01/03/24	2	3	6
Last Review date	Review Notes / Decision (e.g. transfer, tolerate, terminate, treat)								
14/12/23	The risk was reviewed at the GP Sustainability group on 14 Dec 2023, and remained static. It was agreed that the Head of PC would be added as a joint risk lead with Scott Williams and that a detailed review of this risk would take place in late 2024. There is no change to the risk score, controls or actions.								

## Appendix 2

In using the matrix (overleaf) 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)
<b>Patient or Service user Experience</b>	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
<b>Objectives/ Project</b>	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
<b>Injury /illness (physical and psychological) to patient/service user/visitor/staff/carer</b>	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

<b>Complaints/Claims</b>	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
<b>Service/ Business Interruption</b>	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
<b>Staffing and Competence</b>	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

<b>Financial (including Damage/Loss/Theft/Fraud)</b>	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
<b>Inspection/Audit</b>	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
<b>Adverse Publicity/Reputation</b>	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).

<b>LIKELIHOOD</b>	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
		<b>IMPACT</b>				

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

<b>Very High or High</b>	Requires monthly monitoring and updates.
<b>Medium</b>	Requires quarterly monitoring and updates.
<b>Low</b>	Requires 6 monthly monitoring and updates.