



Item No: 24

Meeting Date: Wednesday 21st June 2017

Glasgow City Integration Joint Board

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ANNUAL RISK MANAGEMENT REVIEW 2016/17

Purpose of Report:	The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity and risk registers maintained within the Glasgow City Health & Social Care Partnership (GCHSCP) during 2016/17.
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Recommendations:	The Integration Joint Board is asked to: a) note the content of this report, and; b) note the attached Integration Joint Board, Social Work and Health risk registers.
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Relevance to Integration Joint Board Strategic Plan:

Risks to the delivery of the IJB Strategic Plan are identified in the risk registers.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	N/A
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Personnel:	Human Resources risks are identified in the registers.
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Carers:	N/A
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Provider Organisations:	Risks in relation to provider organisations are identified in the registers.	
Equalities:	N/A	
Financial:	Financial risks are identified in the registers.	
Legal:	Legal impacts of risks are identified in the registers.	
Economic Impact:	Economic impacts of risks are identified in the registers.	
Sustainability:	N/A	
Sustainable Procurement and Article 19:	N/A	
Risk Implications:	All risk implications are detailed in the registers.	
Implications for Glasgow City Council:	All risk implications are detailed in the registers.	
Implications for NHS Greater Glasgow & Clyde:	All risk implications are detailed in the registers.	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1. The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity within the GCHSCP during 2016/17.

2. Risk Management Strategy

- 2.1. As per section 15 of the Integration Scheme, a risk management strategy for the Integration Joint Board (IJB) was implemented in February 2016. This strategy was based on the risk management strategy template developed for integration bodies across Greater Glasgow & Clyde.

- 2.2. As per section 15.5 of the Integration Scheme, the risk management strategy will be “subject to regular review and revision at least annually by the Integration Joint Board”.
- 2.3. A review and revision of the risk management strategy will be carried out at the IJB development session scheduled for 20 June 2017, and reported to the IJB scheduled for September 2017.

3. Risk Management Procedures

- 3.1. There are 3 risk registers currently maintained within the GCHSCP. These are the Integration Joint Board Register, the Social Work Risk Register and the Health Risk Register.
- 3.2. All registers were reviewed and updated on a quarterly basis in 2016/17, with quarterly reports to the Senior Management Team (SMT) and the IJB Finance & Audit Committee, and report to the IJB every 6 months.
- 3.3. During 2016/17 the following changes to risk management procedures were carried out:
 - The IJB directed that the IJB F&AC receive a quarterly update report. This was put in place as directed.
 - The SMT asked to be notified in writing when any changes to the registers occur between quarterly updates. This was put in place as directed.
 - The City Wide Operations Management Group requested formal input to the quarterly review process of the Social Work and Health risk registers prior to reporting. This was put in place as directed.

4. Integration Joint Board Risk Register

- 4.1. The Integration Joint Board Risk Register is maintained, updated and reported in line with the Risk Management Policy developed for integration bodies.
- 4.2. The highest risks in the IJB Risk Register throughout 2016/17 were related to financial position, and specifically the risks to the IJB arising from budget allocation issues.
- 4.3. At the close of 2016/17, there were **13** ‘live’ risks on the IJB Risk Register, with **3** items having a risk level of ‘Very High’, **3** items with a risk level of ‘High’ and **7** items with a risk level of ‘Medium’.
- 4.4. The IJB Risk Register at the close of 2016/17 is attached as Appendix A.

5. Social Work Risk Register

- 5.1. The Social Work Risk Register is maintained, updated and reported in line with the Glasgow City Council Risk Management Policy and Guidance.
 - 5.2. The most increased risks on this register throughout 2016/17 were those relating to IT provision, and specifically the increased risk resulting from industrial action by the council's IT provider, ACCESS. These risks had reduced by the close of the year.
 - 5.3. The highest risks in the register continue to relate to the impact of ongoing implementation of Welfare Reform. The exposure to this very high risk will continue and is anticipated to increase as the medium to long term impact emerge.
 - 5.4. A significant risk added to the register during 2016/17 is related to the National Abuse Inquiry and the potential impact that this will have on the service and the council. This continues to be monitored as the Inquiry moves forward.
 - 5.5. At the end of 2016/17 there were **30** live items on the register. There are **2** items on the register with a risk level of 'Very High', **15** items with a current risk of 'High', **12** items with a current risk of 'Medium' **and** **1** item with a current risk of 'Low'.
- 6.** The highest risks on the Social Work Risk Register at the end of 2016/17 are attached as Appendix B.

7. Health Risk Register

- 7.1. The Glasgow City Health Risk Register is currently maintained, updated and reported in line with the NHS GGC Risk Management Policy.
- 7.2. The highest risks on the Health Risk Register throughout 2016/17 relate to risks around the financial position, and risks related to continuity of services (specifically the risk of GP practice failure and risk of lack of medical and nursing staff in some services).
- 7.3. The highest risks on the Health Risk Register at the end of 2016/17 are attached as Appendix C.

8. Recommendations

- 8.1. The Integration Joint Board is asked to:
 - a) note the content of this report, and;
 - b) note the attached Integration Joint Board, Social Work and Health risk registers.

Status	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
			Likelihood	Consequences	Risk Ranking	Risk Level		Likelihood	Consequences	Risk Ranking	Risk Level	
Live	There is a risk of the IJB being unable to budget within allocated resources which could lead to being unable to deliver on the Strategic Plan	Chief Finance & Resources Officer	5	4	20	Very High	- The Integration Scheme details the actions to be taken in the event of this and furthermore the contingency arrangements should parent bodies be unable/unwilling to provide additional funding - Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets - Governance / reporting mechanism for Transformation Programme in development - Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB	5	4	20	Very High	April 2017: No change
Live	There is a risk that a delay in agreeing the IJB budget with Health for 2017-18 will impact on the IJB's ability to achieve financial balance in 2017-18	Chief Finance & Resources Officer	5	4	20	Very High	Chief Officer (Finance & Resources) to continue discussions with the Health Board in regard to agreeing the IJB budget allocation for 2017-18	5	4	20	Very High	April 2017: No change
Live	There is a risk that, due to the level of savings in 2017-18 that we need to achieve, any slippage in the year could present as a financial challenge to the budget being in balance at the end of the financial year	Chief Finance & Resources Officer	5	4	20	Very High	- Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB	5	4	20	Very High	April 2017: No change
Live	There is a risk that, as a result of the December 2016 budget, the settlement for both GCC and the NHS will be worse than had been previously included within respective planning assumptions. This could lead to budget allocations to the HSCP from both Partners requiring unprecedented levels of savings, resulting in an overspend within the HSCP and impact on ability to deliver the Strategic Plan.	Chief Finance & Resources Officer	5	4	20	Very High	- Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets - Governance / reporting mechanism for Transformation Programme in development - Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB - Chief Finance & Resources Officer has visibility and awareness of budget setting processes and frameworks in place within council and Health Board.	4	4	16	High	April 2017: No change
Live	There is a risk that differing employment terms could expose the Partnership to challenge. This could lead to a detrimental impact on resources in order to investigate, defend and/or settle these.	Chief Finance & Resources Officer	3	5	15	High	- Staff continue to be employed by 2 separate organisations and do not have the same terms and conditions, however Equal Pay claims don't compare across different employers and no terms and conditions being changed. Head of Corporate Services to check with Legal.	3	5	15	High	April 2017: No change
Live	There is a risk that the volume of staff resource required to establish effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities and operational delivery	Chief Finance & Resources Officer	4	4	16	High	- workload and resource monitoring continues to be undertaken across the partnership (for example, through one-to-one supervision) - ongoing review of support (including work undertaken and resources being used) required for integrated arrangements	3	4	12	High	April 2017: No change
Live	There is a risk that uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled	Chief Officer	3	3	9	Medium	- High-level strategic vision articulated through the 2016-19 Strategic Plan. - Implementation actions for 2016/17 approved by IJB on 21/3/2016 provide some clarity and a framework for future service delivery. - Other proposed transformation projects will be notified to the IJB as a matter of routine. - Clear guidance on service development during interim period. - Acceptance that ongoing challenges of both organisations mean standstill is not a viable option	3	3	9	Medium	April 2017: No change
Live	There is a risk that negative staff perception of integration due to previous experience of CHCPs may lead to an adverse affect on engagement / buy-in to new partnership	Chief Officer	4	4	16	High	- Comms messages acknowledge previous experience and outline how new partnership is different - OD events to engage staff in development of integrated arrangements and build new culture - Workforce development and OD strategy to be developed within 1st year of establishment of IJB	3	3	9	Medium	April 2017: No change
Live	There is a risk that the Partners put in place revised governance mechanisms between the IJB and themselves which could lead to increased bureaucracy in order to satisfy the alternative arrangements that require to be put in place.	Chief Officer	3	4	12	High	- Chief Officer to maintain a visible and influencing presence in the development of any future governance arrangements to ensure that such potential arrangements are lean and manageable.	3	3	9	Medium	April 2017: No change

Status	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
			Likelihood	Consequences	Risk Ranking	Risk Level		Likelihood	Consequences	Risk Ranking	Risk Level	
Live	There is a risk that the funding provided by the Scottish Government to cover the Scottish Living Wage is not sufficient, creating a financial challenge which could lead to reputational issues to the Partnership	Chief Finance & Resources Officer	4	5	20	Very High	We are involved in a proof of concept with provider organisations around a different model of procurement, administration and modelling. The aim of this is to find different ways of working focussing on outcomes as opposed to inputs and make best overall use of resources whilst delivering efficiencies.	3	3	9	Medium	April 2017: No change

Ref	Status	Description of Risk	Risk Owner	Position Held	Initial Risk Level				Control Actions	Current Risk Level				Review Period	Most recent update
					Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)		Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)		
25	Live	There is a risk that the implementation of welfare reform will lead to increased deprivation for the most vulnerable citizens, thereby leading to an increased demand for social work services including emergency payments, homelessness, welfare rights and general social work support. This could affect the ability of the service to meet demand.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	5	5	25	Very High	- Contribution to the corporate welfare reform group; - Effective communications with service users and other stakeholders; - Information dissemination on rights to appeal; - Appeals packs for service users developed; - Welfare Reform training delivered to 3rd sector. - Key messages have been refreshed and disseminated again widely in line with the current stage of reform. - Significant further training has been provided to voluntary sector organisations. - Linkages with the Scottish Welfare Fund has resulted in a significant increase in the number of people appealing benefit sanctions.	5	4	20	Very High	Quarterly	Update Apr 2017: No change
45	Live	There is a risk that the National Abuse Inquiry could result in adverse legal, financial, reputational and operational impacts to the Service. These could arise from: - being unable to provide historical information requested by the Inquiry being perceived as the Service being ineffective or deliberately obstructive - the level of resources required to provide an appropriate response to the Inquiry's initial information request not being available/sustainable without impact on business as usual activity - an increase in claims for compensation being made due to increased media coverage of the Inquiry's processes - staff and service users required to provide evidence experiencing an adverse emotional impact as a result of recalling experiences which were, or perceived to be, traumatic.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	5	4	20	Very High	- Internal team established to manage our input to the Inquiry. This team will liaise with the PR office accordingly. - This internal team includes legal representatives in order that we can manage any claims. - Ongoing monitoring and review of resources utilised to facilitate the Inquiry. - Existing employee support mechanisms through HR. - Existing health and social care support services for service users.	5	4	20	Very High	Quarterly	Update Apr 2017: As proposed by the City Wide Ops group, and agreed by the Risk Owner, the 4 separate risk items in relation to the NAI that were added to the risk register in February 2017 have been amalgamated into a single item which covers the overall risk to the Service arising from aspects of the NAI.
16	Live	There is a risk that the Department's service reform and Budget and Service Plan programmes fail to deliver the required outcomes in terms of delivery of statutory duties; service modernisation and financial savings. This would have the impact of necessitating potential drastic and unplanned cuts in order to realise the savings requirements thereby leaving services and service users vulnerable.	Sharon Wearing	Chief Officer - Finance and Resources	5	4	20	Very High	- Fortnightly Integration Transformation Board meetings - Weekly Executive Group meetings to approve critical progress issues - CSWO led SMT's in both Adult and Children and family Services review and progress - Performance Management Framework incorporating City-wide, local and care group performance reporting - Regular planned and structured liaison with providers re changes - Service User engagement - Trade Union liaison at strategic and local levels	4	4	16	High	Quarterly	Update April 2017 (C Christie): See risk ref 12 re Health Board funding, Budget and Service Plan dependent on assumed level of funding being achieved.
44	Live	There is a risk that changes to the vetting requirements for new and existing VISOR users at a national level, which are incompatible with the council's recruitment and employment policies will lead to the service losing access to the system. This could result in the service being less able to manage offenders who pose high risk of serious harm to the public, with subsequent legal and reputational on the service.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	5	4	20	Very High	- Issue has been highlighted to, and is being considered by, the MOG and SOG (locally) and at a national level by National Strategic Group - Impact report is currently being drafted by Social Work Scotland - HR are consulting GCC legal in relation to recruitment and employment policies	4	4	16	High	Quarterly	Update Apr 2017: No change
46	Live	There is a risk that workforce planning/reduction in staffing levels and loss of skilled staff might compromise the Service's ability to deliver services and carry out its statutory duties, including: - Services to LA and LAAC children; - MHO duties; - Duties under S22 of the Children Scotland Act 1995; - Provision of children's hearings reports and reports to Court; - Duties in relation to Adults with Incapacity legislation; - Duties in relation to S12 of the Social Work Scotland Act 1968. This could result in service users not receiving services they're entitled to, and which leaves them at increased risk.	- David Williams - Alex Mackenzie	- Chief Officer - Chief Ops Officer	5	4	20	Very High	- Trade Union liaison at strategic and local levels. - HSCP Workforce Planning Sub Group and Board chaired by Chief Officer (Finance & Resources) which feeds directly into the Executive Group and the Leadership Team. It comprises CO Planning Strategy & Commissioning / CSWO, CO (Ops) and SWS and NHS HR reps. CO PS&C / CSWO advises group of any potential risks in relation to staffing reductions. - Local performance management and supervision systems in place - Workforce planning arrangement for care groups being finalised - Training and development programme for MHOs in place - New AWI protocols agreed at HSCP and SWS Governance Groups. - Regular updated workforce planning monitoring reports by Locality for all care groups in place	4	4	16	High	Quarterly	Update Apr 2017: City Wide Ops Group proposed that the two risk items already on the risk register that were both related to risk of workforce reduction/skill loss are merged into a single risk item. This was agreed by the relevant risk managers. Update Apr 2017 (JK): Training programme underway to enhance MHO capacity across the City. AWI protocols have been agreed by the Social Work Governance Board and will be subject to the ongoing quality assurance programme. HSCP workforce plan will be presented to the IJB by May 2017. Update Apr 2017 (AR): No change
2	Live	There is a risk of failure to meet statutory Health & Safety requirements. This may result in major loss of service through establishment fire, major catastrophe or infections; or singular catastrophic incidents which could result in death or serious injury of service users and/or staff.	Christina Heuston	Head of Corporate Services	4	5	20	Very High	- Service is a member of the Council's Asbestos Strategic Management Group that monitors actions regarding the management of Asbestos. The Service has appointed a Health and Safety Co-ordinator who actively monitors the arrangements for the control of Asbestos, Service Control of Asbestos Management Standard issues June 2014 - Departmental Health & Safety Policy & manuals - Fire safety management system. - H&S risk assessment processes, e.g. fire, legionella, alarms etc. - H&S respond to all audit and inspection requirements. - Emergency procedures in place for all service user accommodation - Range of H&S training in place e.g. Fire Wardens, Manual Handling etc. - Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place. - Monitoring of claims. - Managing Violence at Work Policy Document and monitoring of Violent Incident reports, this monitoring has identified the need to review the Violence training for Fieldwork staff, this review is currently underway with a target date of 6 weeks - Legionella risk managed with the assistance of ACCESS.	3	5	15	High	Quarterly	Update Apr 2017: No change to the overall Risk Rating. The review of the Violence training for Fieldwork staff is currently ongoing and will contribute to a review of the Service Violence in the Workplace Standard which has a target date of 6 weeks (control actions updated to reflect this). There is now a new Electronic Incident Reporting System in place, this allows for the rapid flagging of potentially serious incidents and swift investigation as appropriate.

Ref	Status	Description of Risk	Risk Owner	Position Held	Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)	Control Actions	Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)	Review Period	Most recent update
17	Live	There is a risk that the Glasgow MAPPA arrangements fail resulting in risk to Glasgow citizens from registered sex offenders	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	4	5	20	Very High	<ul style="list-style-type: none"> - City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice. - MAPPA Strategic Oversight Group meets every 3 months - MAPPA Operational Group meets every 6 weeks - MAPPA national guidance - Multi agency Risk Register in place and standing item on the agenda of both meeting structures - NASSO meeting every quarter with RSL providers - Memorandum of Understanding in place between statutory agencies and reviewed annually 	3	5	15	High	Quarterly	Update Apr 2017: No change
18	Live	There is a risk of failure in the implementation of Child Protection procedures and arrangements resulting in increased and/or avoidable risk/harm to children and/or young people	David Williams	Chief Officer	4	5	20	Very High	<ul style="list-style-type: none"> - Child Protection Committee and sub groups meet regularly - Local area CP forums in place - Quarterly meeting of Chief Officers group - Management information produced and reviewed monthly at C&F Core Leadership Group - 1/2 yearly LMR process overseen and coordinated by CP team - ASM structure providing QA, monitoring and objectivity to local practice - Robust single agency and multi agency training programme in place 	3	5	15	High	Quarterly	Update Apr 2017: No change
19	Live	There is a risk of failure in the implementation of Adult Protection procedures and arrangements resulting in increased or avoidable risk/harm to vulnerable adults	David Williams	Chief Officer	4	5	20	Very High	<ul style="list-style-type: none"> - Adult Protection Committee and sub groups in place - Local Area Adult Protection Forums and multi-agency Local Management Reviews embedded - Quarterly meeting of Chief Officers Group - ASP management information produced and reviewed quarterly at Adult Services Core leadership and Older People's clinical and care governance meetings - ASM structure and multi-agency training programme in place - City-wide multi-agency learning event held (June 2016) Actions and work plan developed from this event, monitored by the APC Quality assurance sub group. 	3	5	15	High	Quarterly	Update Apr 2017: No change
29	Live	There is a risk that resolution of outstanding design issues on the Commonwealth Games site could result in an operational and financial impact on SWS.	Sharon Wearing	Chief Officer - Finance and Resources	3	5	15	High	<ul style="list-style-type: none"> - Capital Programme Governance arrangements. 	3	5	15	High	Quarterly	Update Apr 2017: No change
3	Live	There is a risk of negative media publicity resulting in loss of public support and low staff morale affecting our ability to deliver services to vulnerable children and adults and the confidence of service users in the services upon which they rely.	Sharon Wearing	Chief Officer - Finance and Resources	4	5	20	Very High	<ul style="list-style-type: none"> - Glasgow City HSCP Joint Media Protocol for media enquiries and proactive communications in place - Links with Glasgow City Council and NHS Greater Glasgow and Clyde Corporate Communications Teams, including PR Teams - Glasgow City HSCP Joint Communications Strategy in place, with key communications channels for the corporate partner organisations and the Partnership (e.g., Health and Social Care Integration Newsletter and Bulletins, website presence, email announcements) - Regular communications survey in place - Glasgow City HSCP Brand Identity Guidelines in place - Communications guidelines developed as required; Twitter guidelines (completion June 2016) and email signature guidelines (June 2016) - Development of further communications channels for stakeholders; Twitter (completion June/July 2016) and external website (completion summer 2017) - Process in place to identify and publish 'Good News' stories to promote a positive image for the Glasgow City HSCP - Weekly joint meetings between Social Work and Health staff within the Glasgow City HSCP supporting communications to ensure a co-ordinated approach - Arrangements in place to disseminate joint communications in a consistent and timely manner across the Glasgow City HSCP - Individual communications strategies or plans for projects/change programmes in place as required 	3	4	12	High	Quarterly	Update Apr 2017: Control actions updated to reflect expected timescales for completion of external website. No change to risk level.
4	Live	There is a risk of an inability to respond to needs for services on a 24 hour basis due to failure of or disruption to facilities or staff affecting mainstream and out-of-hours services. This is as a consequence of exceptional, one-off and unexpected events such as strike action, pandemic flu, extreme weather events. The impact of this is that service users in significant numbers across the city may not be able to receive a continuing service for a limited period of time.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	4	4	16	High	<ul style="list-style-type: none"> - Business Continuity Plans for SWS functions in place based on Business Impact Analysis exercise - Industrial Relations Strategy in place. - Monthly meetings at Director level with senior Trade Union officials. - Business Continuity Reps identified in each service area - Business Continuity Working Group chaired by the service Business Continuity Champion (Head of Business Development) - Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC Compliance. SWS has fed into this process. 	3	4	12	High	Quarterly	Update Apr 2017: No change to current risk level. All social work services updated business impact analysis in Jan/Feb 2017. GCC are due to publish revised BCP policy and framework at the end of April 2017, with 2017/18 lifecycle commencing shortly after this. The HSCP Business Development team had significant input to the policy and framework revision. The HSCP Internal BC Group will be rescheduled once revised policy and framework implemented. GCC are planning a council wide business continuity live test at the end of May 2017 to coincide with implementation of the revised framework. The planned live test has been designed in collaboration with the HSCP Business Development team. NHS GGC Civil Contingencies Group (which includes NHS BCP) meeting in March was cancelled, with next meeting scheduled for June 2017. Control actions updated to reflect revised framework timescales. Risk Manager will be changed from Janette Cowan to Stuart Donald from 05/05/17

Ref	Status	Description of Risk	Risk Owner	Position Held	Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)	Control Actions	Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)	Review Period	Most recent update
6	Live	There is a risk that contractor/partner arrangements fail. This may result in a failure to deliver services appropriately with a provider or other agencies leading to a failure to care/protect service users	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	5	4	20	Very High	<ul style="list-style-type: none"> - Contract Management Framework. - Contractor Risk Ratings Matrix. - Data sharing & GHA/RSL protocols. - Data Processing Agreements with Health/SCRA/Education. - Procurement activity undertaken in accordance with written agreed procedures. - All contractual arrangements over the approved thresholds referred to appropriate committee for approval. - Ensuring providers/other agencies have health and safety procedures/arrangements in place - Regular meetings with key providers and the Social Care Ideas Factory regarding strategic provider related issues 	3	4	12	High	Quarterly	Update Apr 2017: No change
7	Live	There is a risk that ICT security fails resulting in loss/misuse of data, breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users affecting public and service user confidence	Sharon Wearing	Chief Officer - Finance and Resources	4	4	16	High	<ul style="list-style-type: none"> - Information Security Governance via Information Security Board. Policies and guidance regularly updated and annual mandatory training provided via GOLD or leaflet. New screensavers being implemented for 2016. - Information sharing protocol with NHS GG&C in place. - All ICT developments progressed through project management methodology which includes risk logs and Privacy Impact Assessments are undertaken as required. - The majority of devices are now encrypted and authorisation process in place for unencrypted devices. - Disclosure process in place for PSN compliance. Secure email piloted and will be rolled out alongside protective marking. 	3	4	12	High	Quarterly	Update Apr 2017: Information Security 2017 course and screensaver will be launched in April 2017 and the Information Security guidance is regularly updated. A working group has been established to meet the requirements of the implementation of the General Data Protection Regulations in May 2018. A secure data sharing tool called Objective Connect has been made available and is in use across a number of teams. Secure email is also in use. Update Apr 2017: The current level of risk associated with this item is reduced from 25 (Very High) to 12 (High). This is as a result of a robust set of control actions and the formal conclusion of the industrial action at ACCESS, which has reduced both the likelihood and impact of IT security issues.
30	Live	There is a risk that resolution of outstanding design issues and adverse site conditions on the Leithland site could result in an operational and financial impact on SWS programme.	Sharon Wearing	Chief Officer - Finance and Resources	5	4	20	Very High	<ul style="list-style-type: none"> - Capital Programme Governance arrangements. - Regular monitoring of contract by DRS Project Team. - Reporting to Social Work Capital Board. - Reporting to Council Capital Board. - Corporate partners working to develop viable solutions which will be evaluated through the governance process. 	3	4	12	High	Quarterly	Update Apr 2017: No change
31	Live	There is a risk that the renewal of the OLM contract will not be concluded by the 31st of March and the current proposal for a standard one year extension will not meet the business needs and cost significantly more than a partnership contract resulting in a lack of support from the supplier, potentially affecting all areas of social work services if careFirst fails and cannot be fixed by ACCESS, and additional costs to the Council, and decreasing the ability to implement transformational change for the Health and Social Care Partnership	Sharon Wearing	Chief Officer - Finance and Resources	4	4	16	High	<ul style="list-style-type: none"> - ACCESS are dealing with the contract renewal, and the concerns around the implications of the current situation have been raised with Senior Management. 	3	4	12	High	Quarterly	Update Apr 2017: The OLM contract has been renewed until the end of March 2018 at which point the Council's new ICT supplier should be in place. Work is underway to renew the partnership agreement and to ensure that upgrade requirements are included in the workplan and costings for the new supplier. This means that the current level of risk associated with this item can be reduced from 20 (Very High) to 12 (High).
47	Live	There is a risk that ICT systems used by Social Work Services are not fit for purpose, or fail which would impact on our ability to undertake statutory duties and meet business objectives (including the protection of and care for vulnerable children and adults). One potential cause is that the Glasgow City Council arrangements with ACCESS for the provision of ICT don't meet the specific needs of Social Work Services.	Sharon Wearing	Chief Officer - Finance and Resources	4	4	16	High	<ul style="list-style-type: none"> - Carefirst and ICT Strategy Board (4 weekly) - Carefirst Technical Board (4 weekly) - (ACCESS and supplier both present at the above meetings) - ICT Operational meeting now in place - Improvement actions from job swap underway - Development of maintenance of pipeline plan - CareFirst is designated a Platinum system. - I-World has been designated Top Gold. - Service Level Agreements on availability for key systems with ACCESS. - Ongoing training programme. - Regular review and updating of systems and technologies to ensure compliance with technical strategy and supplier maintenance agreements. 	3	4	12	High	Quarterly	Update Apr 2017: City Wide Ops Group proposed that the two risk items already on the risk register related to the risk of ICT system failure (ref. 1 and 11) be merged into a single item. Risk Manager approved this. Risk description has been updated to reflect this, and control actions and chronologies from previous items have been transferred. The most recent current risk level of the merged items was set at 25 (Very High) as a result of the substantially increased likelihood and impact of ICT system failure that was present as a result of the ACCESS industrial action. This strike has now concluded, therefore the current risk is assessed by the risk manager to have reduced to 12 (High).

APPENDIX B: SOCIAL WORK SERVICE RISK REGISTER

Ref	Status	Description of Risk	Risk Owner	Position Held	Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)	Control Actions	Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)	Review Period	Most recent update
1	Closed	There is a risk that arrangements with ACCESS do not meet the ICT requirements for Social Work Services resulting in a failure of SWS to meet its business objectives and deliver services affecting vulnerable service users.	Sharon Wearing	Chief Officer - Finance and Resources	4	4	16	High	Carefirst and ICT Strategy Board (4 weekly) Carefirst Technical Board (4 weekly) (ACCESS and supplier both present at the above meetings) ICT Operational meeting now in place Improvement actions from job swap underway Development of maintenance of pipeline plan	5	5	25	Very High	Quarterly	Update Apr 2017: The ACCESS industrial action between Nov 16 and Jan 17 resulted in significant delays to a number of projects, as well as an outage of careFirst over Christmas. Further delays are also being experienced in relation to Governance and funding issues. Meetings are being held with Governance, Finance and ACCESS to address these. Update Apr 2017: City Wide Ops Group proposed that there be a review of IT related risk items on the risk register. This was carried out and it was identified that this item and item no 11 could be merged into a single risk item. This item has therefore be closed and replaced by new risk item ref 47.
11	Closed	There is a risk that ICT systems affecting statutory requirements fail resulting in a lack of access to relevant information affecting our ability to protect/care for vulnerable children and adults.	Sharon Wearing	Chief Officer - Finance and Resources	3	4	12	High	CareFirst is designated a Platinum system. I-World has been designated Top Gold. Service Level Agreements on availability for key systems with ACCESS. Ongoing training programme. Regular review and updating of systems and technologies to ensure compliance with technical strategy and supplier maintenance agreements.	5	5	25	Very High	Quarterly	Update Apr 2017: careFirst failed over the Christmas period and was down from the early hours of Christmas Day until 7:30am on the 28th of December due to the unavailability of ACCESS staff taking industrial action. A number of actions have been taken as a result including the progression of the careFirst upgrade and improvement to the business continuity solution for careFirst to include unplanned as well as planned downtime. Update Apr 2017: City Wide Ops Group proposed that there be a review of IT related risk items on the risk register. This was carried out and it was identified that this item and item no 1 could be merged into a single risk item. This item has therefore be closed and replaced by new risk item ref 47.
40	Closed	There is a risk that the service will be unable to provide information requested by the National Abuse Inquiry because of the nature of the information and the historical scope of the Inquiry. The inability to provide this information could be perceived by the Inquiry and the public as the service being ineffective or deliberately obstructive and result in adverse legal and reputational impact to the service.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	5	4	20	Very High	Internal team established to managed our input to the Inquiry. This team will liaise with the PR office accordingly.	5	4	20	Very High	Quarterly	Update Apr 2017: Proposed by City Wide Ops, and agreed by Risk Owner that this item be merged with the other 3 NAI related items (refs. 41, 42 & 43) into a single risk (new ref. 45).
36	Closed	There is a risk that the reduction in the Social Work workforce will result in the organisation being unable to carry out its statutory duties including: - Services to LA and LAAC children - MHO duties - Duties under Section 22 of the Children Scotland Act 1995 - Provision of children's hearings reports and reports to Court - Duties in relation to Adults with Incapacity legislation - Duties in relation to Section 12 of the Social Work Scotland Act 1968	Alex Mackenzie	Chief Officer (Operations)	5	5	25	Very High	- Local performance management and supervision systems in place - Workforce planning arrangement for care groups being finalised - Training and development programme for MHOs in place - New AWI protocols agreed at HSCP and SWS Governance Groups. - Regular updated workforce planning monitoring reports by Locality for all care groups in place	4	4	16	High	Quarterly	Update Apr 2017 (JK): Training programme underway to enhance MHO capacity across the City. AWI protocols have been agreed by the Social Work Governance Board and will be subject to the ongoing quality assurance programme. HSCP workforce plan will be presented to the IJB by May 2017. Update Apr 2017 (AR): No change Update Apr 2017: Proposed by City Wide Ops, and agreed by Risk Owner/Risk Manager that this item be merged with the other item related to the risk of workforce reduction/skill loss (ref. 15) into a single risk item (new ref. 46).
41	Closed	There is a risk that the investigation, calls for witnesses and public hearing processes associated with the Inquiry will lead to an increase in related media coverage which could then subsequently result in an increase in claims for compensation being made against the service/Council. This could result in adverse reputational and financial impact to the service/Council.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	3	5	15	High	Internal team established to managed our input to the Inquiry. This team include legal representatives in order that we can manage any claims.	3	5	15	High	Quarterly	Update Apr 2017: Proposed by City Wide Ops, and agreed by Risk Owner that this item be merged with the other 3 NAI related items (refs. 40, 42 & 43) into a single risk (new ref. 45).
42	Closed	There is risk that the level of resources required in order to provide an appropriate response to the Inquiry's (initial) information request are not currently available within the service. This could lead to either: a) a less than appropriate response to the Inquiry, which could result in adverse legal and reputational impact on the service, or; b) disruption to business as usual activity if resources are directed from elsewhere within the service, which could result in adverse financial, reputational and/or legal impact.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	5	3	15	High	Ongoing monitoring and review of resources utilised to facilitate the Inquiry.	5	3	15	High	Quarterly	Update Apr 2017: Proposed by City Wide Ops, and agreed by Risk Owner that this item be merged with the other 3 NAI related items (refs. 40, 41 & 43) into a single risk (new ref. 45).
43	Closed	There is a risk that staff and service users required to provide evidence to Inquiry could experience an adverse emotional impact as a result of recalling experiences which were, or perceived to be, traumatic.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning	3	4	12	High	Existing employee support mechanisms through HR. Existing health and social care support services for service users.	3	4	12	High	Quarterly	Update Apr 2017: Proposed by City Wide Ops, and agreed by Risk Owner that this item be merged with the other 3 NAI related items (refs. 40, 41 & 42) into a single risk (new ref. 45).
27	Closed	There is a risk that final confirmation of outstanding care home sites will affect the projected timescales associated with concluding the wider project objectives. This could result in a greater financial and operational impact on the Council.	Sharon Wearing	Chief Officer - Finance and Resources	3	5	15	High	Capital Programme Governance arrangements. Corporate partners working to develop viable solutions which will be evaluated through the Governance Board.	2	5	10	High	Quarterly	Update Apr 2017: Risk Owner and Risk Manager request this item be closed. This is because all sites are now agreed and ownership of these confirmed within the GCC family and this mitigates the risk completely.

APPENDIX B: SOCIAL WORK SERVICE RISK REGISTER

Ref	Status	Description of Risk	Risk Owner	Position Held	Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)	Control Actions	Likelihood	Consequences	Risk Ranking	Risk Level (HSCP)	Review Period	Most recent update
13	Closed	There is a risk that the use of multiple systems may affect and impede the development of joint working and service delivery resulting in duplication, lack of coordination and inefficient use of scarce resources.	Sharon Wearing	Chief Officer - Finance and Resources	4	3	12	High	Health and Social Care Integration (HSCI) ICT Steering group is overseeing the development of an ICT strategy for the HSCP and a number of projects to take forward the strategy. The focus initially is to let staff access what they need wherever they need it. Subsequent phases will address application requirements.	3	3	9	Medium	6-monthly	<p>Update Apr 2017: Initial work to allow Partnership staff to work across offices have been signed off on the NHS side and is progressing on the Council side. The Joint Desktop has been signed off and will go live in April. EDRMS and some other applications will be made live at a future date. A workshop was held on the 27th of March to showcase projects across GCC/NHS and Senior Managers will be further consulted on strategy and priorities for development.</p> <p>Update Apr 2017: City Wide Ops Group proposed that there be a review of IT related risk items on the risk register. This was carried out and it was identified that this item could be closed. The current level of risk associated with this item (9 - medium) is deemed acceptable, as the duplication and use of multiple systems is an expected result of integration and that there are a number of projects and initiatives in place to identify and reduce this as further integration of services continues. Transformation Projects are expected to maintain their own project risk registers which will identify specific instances and impacts of these.</p>
15	Closed	There is a risk that workforce planning/reduction in staffing levels and loss of skilled staff might compromise the Service's ability to deliver services and fulfil our statutory duties. This could have the impact of service users not receiving services they're entitled to and which leaves them at risk.	David Williams	Chief Officer	3	4	12	High	Trade Union liaison at strategic and local levels. HSCP Workforce Planning Sub Group and Board chaired by Chief Officer (Finance & Resources) which feeds directly into the Executive Group and the Leadership Team. It comprises CSWO, CO (Ops) and SWS and NHS HR reps. CSWO advises group of any potential risks in relation to staffing reductions.	2	4	8	Medium	6-monthly	<p>Update Apr 2017: Proposed by City Wide Ops, and agreed by Risk Owner/Risk Manager that this item be merged with the other item related to the risk of workforce reduction/skill loss (ref. 36) into a single risk item (new ref. 46).</p>

Division	ID	Title	Description	Manager	Likelihood (initial)	Consequence (initial)	Rating (initial)	Risk level (initial)	Controls in place	Likelihood (current)	Consequence (current)	Rating (current)	Risk level (current)	Review date
GCHSCP	1428	Prescribing costs- Financial	Prescribing costs exceeding the allocated budget threatening HSCP services	Richard Groden	5-Will undoubtedly recur, possibly frequently	4 - Major	20	Very high risk	Budget performance monitoring <input type="checkbox"/> Prescribing monitoring, risk sharing across HSCP, prescribing plan to identify and generate savings if required	5 - Will undoubtedly recur, possibly frequently	4 - Major	20	Very high risk	10/07/2017
GCHSCP	1706	Financial risk - implementation of Scottish Living Wage	There is a risk that the funding provided by the Scottish Government to cover the Scottish Living Wage is not sufficient, creating a financial challenge which could lead to reputational issues to the Partnership	Sharon Wearing	5-Will undoubtedly recur, possibly frequently	4-Major	20	Very high risk	Different model of procurement, administration and modelling in development in consultation with provider organisations. Aims to find different ways of working focussing on outcomes as opposed to inputs and make best overall use of resources whilst delivering efficiencies.	3- May recur Occasionally	4- Major	12	High risk	10/07/2017
GCHSCP	1511	GP practices	Glasgow City HSCP may experience a local GMS practice unable to fulfil its contractual obligations, requiring intervention and support sometimes at short notice	Richard Groden	5-Will undoubtedly recur, possibly frequently	4 - Major	20	Very high risk	Developing a response "toolkit" for vulnerable practices and seeking support in terms of an initial assessment and what might be offered by way of further in depth assessment and identifying a suitable range of responses. <input type="checkbox"/> Developing an approach to pro-actively identify/support practices that might be approaching a vulnerable state, including mechanisms and possible responses	3- May recur Occasionally	4 - Major	12	High risk	10/07/2017
GCHSCP	1670	Medical and Nursing cover	There is a risk that there is not enough medical and nursing cover for Sexual Assault Examinations provided by Archway and that contracted Forensic Physicians are unable to fill the gap	Rhoda MacLeod	5-Will undoubtedly recur, possibly frequently	4-Major	20	Very high risk	New Forensic Contract. Recent service review recommends further development of service model	4- Will probably recur, but is not a persistent issue	4 - Major	16	High risk	10/07/2017
GCHSCP	1418	Financial HSCP Wide	Failure to deliver transformation programmes in 2017/18 which may result in not meeting financial targets.	Alex MacKenzie	5-Will undoubtedly recur, possibly frequently	4-Major	20	Very high risk	Regular financial monitoring at Sector and HSCP level. Reviewing and reforming of services as part of savings plans to meet targets.	4- Will probably recur, but is not a persistent issue	4 - Major	16	High risk	10/07/2017
GCHSCP	1429	Failure to meet Access/ Discharge Targets	Failure to meet Access/discharge targets	Jackie Kerr	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Working group established, Links with Social work, Funding, Continue to monitor/audit delayed discharges with acute	3 - May recur occasionally	4 - Major	12	High risk	10/07/2017

Division	ID	Title	Description	Manager	Likelihood (initial)	Consequence (initial)	Rating (initial)	Risk level (initial)	Controls in place	Likelihood (current)	Consequence (current)	Rating (current)	Risk level (current)	Review date
GCHSCP	1431	External providers	External care providers not recognising health needs/ not seeking appropriate advice Impact of personalisation on staffing levels	David Walker	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Provider training, professional specific advice, medication protocols, clear transfer of information into provider care plans, monitoring via Care Inspectorate. Provider services to be monitored and reviewed by the Contract and Management and Commissioning Teams	3 - May recur occasionally	4 - Major	12	High risk	10/07/2017
GCHSCP	1434	Clinical Records	Delays or errors in clinical information being transferred leading to medication errors or failings in care and treatment of an individual. Potential for complaints, litigation and adverse publicity. Sensitive personal information being inappropriately disclosed in error. This risk is evident in mental health as they move towards EMIS. Lack of consistent and documented procedure for the storage and destruction of community health records	Mari Brannigan	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Guidelines and protocols in place. Audits of practice by clinical teams. awareness of Data Protection Principles. Review in progress of current arrangements	3 - May recur occasionally	4 - Major	12	High risk	10/07/2017
GCHSCP	1435	Capital Developments - financial	Capital Developments- Insufficient revenue to cover on-going costs of projects	Alex MacKenzie	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Project governance structures in place to minimise risk Risk register within project areas identified costs associated with risk at regular intervals Risks escalated through capital governance structure On-going discussions with social work	4 - Will probably recur, but is not a persistent issue	3-Moderate	12	High risk	10/07/2017
GCHSCP	1439	Information Governance MAPPA information sharing	Sensitive or confidential information is inappropriately shared resulting in adverse media impact and loss of public confidence	Alex MacKenzie	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Information sharing protocols have been developed with relevant agencies and the directorate regularly remind staff of their responsibilities	4 - Will probably recur, but is not a persistent issue	3-Moderate	12	High risk	10/07/2017
GCHSCP	1708	Winter planning Primary Care	Seasonal difficulties for GP practices which may occur due to severe weather conditions, staff shortages and increased demands	Richard Groden	4- Will probably recur, but it is not a persistent issue	4-Major	16	High Risk	Business continuity plans , pandemic flu plans. Use of buddy system for staff.	3- May recur occasionally	4-Major	12	High Risk	
GCHSCP	1703	Junior Doctors Cover	Junior doctors out of hours rotas are stretched due to relatively low numbers on the rotas. Their viability may be impaired by vacancies or sickness absence	Michael Smith	4 - Will probably recur, but is not a persistent issue	4-Major	16	High risk	Liaison with NES regarding recruitment, reviewing service configuration and employing locum staff when necessary. Unscheduled Care Review will consider service changes to address this issue	3 - May recur occasionally	4- Major	12	High risk	10/07/2017

Division	ID	Title	Description	Manager	Likelihood (initial)	Consequence (initial)	Rating (initial)	Risk level (initial)	Controls in place	Likelihood (current)	Consequence (current)	Rating (current)	Risk level (current)	Review date
GCHSCP	1705	Mental Health Inpatient Beds	Lack of beds (especially IPCU) in Greater Glasgow and neighbouring Boards impairs patient access to appropriate care	Michael Smith	4 - Will probably recur, but is not a persistent issue	4-Major	16	High risk	Using robust bed management system to highlight problems in time to resolve. Key issue for the Core leadership and other for a to manage.	3 - May recur occasionally	4- Major	12	High risk	10/07/2017
GCHSCP	1417	Shortage of Staff	Future Shortage of appropriate/competent staff e.g. retirement compromising the ability to deliver service.	Sybil Canavan	4 - Will probably recur, but is not a persistent issue	4- Major	16	High risk	Recruitment arrangements. Succession and workforce planning.	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	10/07/2017