

Integration Joint Board

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RISK MANAGEMENT STRATEGY

Purpose of Report:	The purpose of this report is to: <ul style="list-style-type: none"> • Present a Risk Management Policy & Strategy for approval; and • Update members on the current risk registers for the Integration Joint Board, Council and Health Board
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Recommendations:	The Integration Joint Board is asked to: <ul style="list-style-type: none"> • Note this report • Approve the Risk Management Policy and Strategy
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Implications for IJB:

Financial:	Financial implications may arise for some individual risks if the mitigation actions/controls that are currently in place do not work as anticipated. No additional resource is being utilised to develop and maintain the risk registers
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Personnel:	None
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Legal:	The Integration Joint Board is required by statute and agreements made in the Integration Scheme to produce a risk management strategy which demonstrates a considered, practical and systemic approach to addressing potential and actual risks related to the planning and delivery of integrated health and social care services
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Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council:	Current risk reporting arrangements between Social Work Services and Glasgow City Council to be reviewed in development of integrated risk management strategy.
Implications for NHS Greater Glasgow & Clyde:	Current reporting arrangements between the former Glasgow City CHP and NHS Greater Glasgow and Clyde to be reviewed in development of integrated risk management strategy.

1. Purpose

1.1 The purpose of this report is to:

- Present a Risk Management Policy & Strategy for approval; and
- Update members on the current risk registers for the Integration Joint Board, Council and Health Board

2. Background

2.1. The Integration Scheme states that a risk management strategy and procedure will be developed by the Integration Joint Board which demonstrates a “practical and systemic approach to addressing potential and actual risks related to the planning and delivery of services”. The primary aims and objectives of the strategy are to:

- promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;
- establish communication and sharing of risk information through all areas of the Integration Joint Board;
- initiate measures to reduce the Integration Joint Board’s exposure to risk and potential loss; and
- establish standards and principles for the efficient management of risk, including regular monitoring and review.

2.2. The Integration Scheme also commits the Partnership to develop risk management procedures and a risk register which encompass best practice by the Council and Health Board in their on-going management of strategic and operational risk. This

includes the development of a “shared risk register” between the Integration Joint Board, the Council and the Health Board.

3. Health & Social Care Partnership Risk Management Policy & Strategy

- 3.1. The Integration Scheme commits the Integrated Joint Board to approving its Risk Management Policy and Strategy within 3 months of its establishment.
- 3.2. A specimen Risk Management Policy and Strategy document was developed and approved through a sub-group of the Integration Technical Finance Workstream.
- 3.3. The specimen Policy was adapted to reflect local needs in Glasgow, and a draft was reviewed by the Shadow IJB in summer 2015.
- 3.4. The Policy has subsequently been subject to minor amendments in respect of the following:
 - *Policy Section 1.5*: Text updated to remove reference to acceptance of risk and to make clear that the risk tolerance level, in normal circumstances, sits at the upper end of the ‘Medium’ risk rating
 - *Policy Section 1.5*: Matrix updated to include 4 levels of risk in line with existing NHS GGC risk levels (Low, Medium, High and Very High).
 - *Strategy Section 1.5*: Updated to reflect 4 levels of risk (see above)
 - *Strategy Appendix 1*: Updated to include Matrix, Score Ratings and high level Likelihood/Impact descriptors
- 3.5. The amended Policy & Strategy is attached as Appendix I, with the sections amended to reflect local needs specific to Glasgow highlighted in yellow.

4. Current Status of Partners’ Risk Registers

- 4.1. An Integration Transition Risk Register has been developed and maintained to show the risks specific to the IJB and was last reviewed in January 2016. This register is attached as Appendix II.
- 4.2. Both the former Glasgow City CHP and Social Work Services currently maintain Risk Registers in line with the relevant policies of their parent bodies. The most recently updated Risk Register for Glasgow City Council Social Work Services is attached as Appendix III. This is ordered to show the highest level risks.
- 4.3. The most recent updated Risk Register for the former Glasgow City CHP is attached as Appendix IV. This is ordered to show the highest level risks.

5. Recommendations

- 5.1 The Integration Joint Board is requested to:
 - Note this report
 - Approve the draft Risk Management Policy and Strategy



Glasgow Integration Joint Board

Risk Management Policy and Strategy

Version No.	1.0	Review Date:	00/00/0000
Date Effective:	00/00/0000		

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Policy – the risk management approach

1.1 The **Glasgow City** Integration Joint Board is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.2 In doing so the Joint Board aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the Joint Board and others who interact with the services delivered under the direction of the Joint Board.

1.3 The Integration Joint Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

1.4 The Joint Board purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the Joint Board can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

1.5 In normal circumstances the Joint Board's appetite/ tolerance for risk is as follows:

The Joint Board will, in normal circumstances, tolerate risk up to a combined likelihood/impact score of 9. Above a combined score of 9, risks will be subject to increased monitoring and the implementation of appropriate mitigation to lower either the consequence or likelihood (or both) of the risk.

This can be seen clearly in the following matrix:

Likelihood	Consequence/Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

1.6 The Joint Board promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the Joint Board.

1.7 The Joint Board will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the Joint Board.

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- a positive reputation established for the Joint Board.

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1.8 The Joint Board, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Strategy - Implementing the policy

1. Introduction

1.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;
- establish communication and sharing of risk information through all areas of the Integration Joint Board;
- initiate measures to reduce the Integration Joint Board's exposure to risk and potential loss; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3 **Strategic risks** represent the potential for the Integration Joint Board (IJB) to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Joint Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.

1.5 All risks will be analysed consistently with an evaluation of risk as being:

1 – 3 = LOW

4 – 9 = MEDIUM

10 – 16 = HIGH

> 16 = VERY HIGH

Any risk scored above 9 would be deemed to be 'significant' and therefore subject to regular review by the Board through agreed processes.

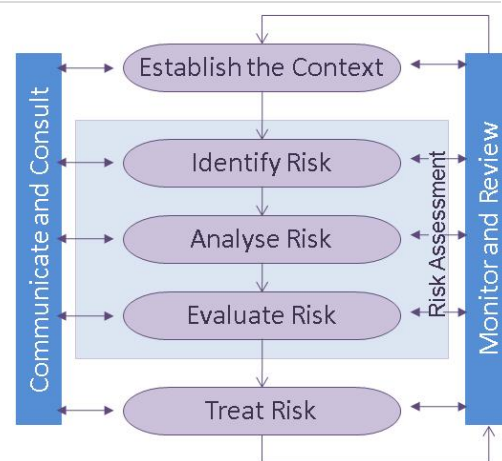
1.6 This document represents the risk management framework to be implemented across the Joint Board and will contribute to the Joint Board's wider governance arrangements.

2. Risk management process

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2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.



3. Application of good risk management across the IJB activities

3.1 Standard procedures (3.1.1 – 3.1.10) will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of good risk management.

- 3.1.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.1.2 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.1.3 Categorisation of risk under the headings below:
- Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes.
 - Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Customer Service, Employee Health, Safety & Well-being, Business Continuity/ Supply Chain, Information Security and Asset Management.
- 3.1.4 Appropriate ownership of risk. Specific risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.
- 3.1.5 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.
- 3.1.6 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the Joint Board in keeping with its appetite/ tolerance for risk. In the case of opportunities, the Joint Board may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the Joint Board is confident in its ability to achieve the benefits and manage/ contain the associated risk.
- 3.1.7 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
- 3.1.8 Reporting of strategic risks and key operational risks to the IJB on a **6 monthly** basis.

¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

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- 3.1.9 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by **the Head of Business Development and Head of Business Administration, with regular review by the Senior Management Team.**
- 3.1.10 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Realising the risk management vision

4. Risk management vision and measures of success

Appropriate and effective risk management practice will be embraced throughout the Integration Joint Board as an enabler of success, whether delivering better outcomes for the people of Glasgow protecting the health, safety and well-being of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

- 4.1 In working towards this risk management vision the Joint Board aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.
- 4.2 The measures of success for this vision will be:
- **good financial outcomes for the Joint Board**
 - **successful delivery of the strategic plan, objectives and targets**
 - **successful outcomes from external scrutiny**
 - **fewer unexpected/ unanticipated problems**
 - **fewer incidents/ accidents/ complaints**
 - **fewer claims/ less litigation**

Risk leadership and accountability

5. Governance, roles and responsibilities

5.1 Integration Joint board

Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements;
- receipt and review of reports on strategic risks and any key operational risks that require to be brought to the IJB's attention; and,
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like. **This will be facilitated by a 'Risk Implications' section on relevant Board papers.**

5.2 Chief Officer

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The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

5.3 Chief Financial Officer

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

5.4 Senior Management Team

The **Head of Business Development and Head of Business Administration** are responsible for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

5.5 Individual Risk Owners

It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.

5.6 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

5.7 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

5.8 Senior Information Risk Owner

Responsibility for this specific role will remain with the individual partner bodies.

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Resourcing risk management

6. Resourcing the risk management framework

- 6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Joint Board will be resourced through the Senior Management Team's arrangements (referred to in 5.4).
- 6.2 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

7. Resourcing those responsible for managing specific risks

- 7.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.
- 7.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

Training, learning and development

8. Risk management training and development opportunities

- 8.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 5.4).

Monitoring activity and performance

9. Monitoring risk management activity

- 9.1 The Joint Board operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 9.2 Monitoring will include review of the IJB's risk profile at Senior Management Team level.
- 9.3 Review of IJB's risk profile will occur on a monthly basis at Senior Management Team level, with this frequency reviewed on an annual basis.**

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- 9.4 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

10. Monitoring risk management performance

- 10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 10.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.
- 10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
- 10.4 Reviewing the Joint Board's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the Joint Board, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the Joint Board.

Communicating risk management

11. Communicating, consulting on and reviewing the risk management framework

- 11.1 Effective communication of risk management information across the Joint Board is essential to developing a consistent and effective approach to risk management.
- 11.2 Copies of this policy and strategy will be widely circulated via the Senior Management Team and will form the basis of any risk management training arranged by the IJB.
- 11.3 The Policy and Strategy (version 1.0) was approved by the Integration Joint Board at its meeting of **[00/00/0000]**.
- 11.4 This policy and strategy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Board's business environment.

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Appendix 1 Risk Matrix

Likelihood	Consequence/Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

>16	Very High
10-16	High
4-9	Medium
1-3	Low
	Normal Risk Tolerance

	1	2	3	4	5
Likelihood	Extremely Unlikely/ Rare	Unlikely	Possible	Likely	Almost certain
Consequence/ Impact	Negligible/ Insignificant	Minor	Moderate	Major	Extreme/fundamental

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Ref	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	
1	Live	There is a risk that, as a result of the December 2015 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	- Continue to monitor	5	4	20	Very High	Jan 2016: Risk description and preliminary risk scores added by Risk Owner
2	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	5	4	20	Very High	Jan 2016: Current risk impact changed from 2 (minor) to 4 (major), changing overall current risk score to 20 (Very High). This is as a result of the December 2015 budget and anticipated impact on budget allocations to the HSCP from the Partners (see risk ref. 1)
3	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	Executive Group	4	4	16	Very High	- identify organisational priorities, tasks that can be dropped / shelved to support focus on integration	3	4	12	High	Jan 2016: No change
4	Live	There is a risk of external bodies disagreeing with GHSCP approach or feel they have not been adequately consulted in development of the Strategic Plan which may lead to adverse political and/or reputational impact to both GCC and NHS GGC	Chief Officer (Designate)	4	4	16	Very High	- ensure consultation around Integration Scheme and Strategic Plan is as comprehensive as practically possible and compliant with statutory requirements as a minimum - development of participation and engagement strategy which promotes wide stakeholder consultation and engagement throughout planning cycle - Early publication of Strategic Plan for consultation to mitigate shortened consultation period. Consultation closed on 31 Dec 2015, and analysis of feedback will be available to IJB when they are asked to approve the Strategic Plan in March 2016.	3	4	12	High	Jan 2016: Control Actions updated to reflect SP consultation has concluded. Likelihood score changed from 4 (likely) to 3 (possible) and impact score changed from 2 (minor) to 4 (major) to reflect that responses broadly indicate that respondents are/were satisfied with the consultation process. This changes the overall current risk rating from 8 (medium) to 12 (high).
5	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 (Designate)	3	3	9	Medium	- High-level strategic vision to be articulated. 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	Jan 2016: Risk owner has revised the risk description to reflect the current stage of the integration process and that the IJB has now been established. The current impact score has been changed from 1 (negligible) to 3 (moderate) thus changing the risk rating from 3 (low) to 9 (medium)
6	Live	There is a risk of Amendment of legislation or publication of further guidance from government which conflicts with Glasgow's planning assumptions, requiring decisions already made to be revisited which may lead to further slippage of previously agreed timescales	Chief Officer (Designate)	3	3	9	Medium	- Continue to monitor	3	3	9	Medium	Jan 2016: No change. Will continue to monitor.
7	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 (Designate)	4	4	16	Very 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	Jan 2016: No change
8	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 (Designate)	3	4	12	High	- Continue to monitor	3	3	9	Medium	Jan 2016: Risk Owner has revised the Risk description. Current likelihood changed from 2 (Unlikely) to 3 (possible) and current impact changed from 4 (major) to 3 (moderate) to reflect the actual risk to the IJB. The overall current risk score has changed from 8 to 9 (still medium)
9	Live	There is a risk that the clinical and professional governance arrangements that are being established fail to discharge the duties incumbent upon them	Chief Officer (Designate)	4	4	16	Very High	- Review of processes established - 'Double running' of existing arrangements while revised structures are established	2	4	8	Medium	Jan 2016: Risk description updated by Risk Owner to reflect actual risk to IJB. Control Actions added and current risk score put in place (2 - Unlikely x 2- Major = 8 - Low)

Ref	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	
10	Live	There is a risk that the Timescale for establishment of Integration Joint Board and guidance re role of IJB in development / approval of Strategic Plan may conflict with Glasgow's planned 'go-live' dates which may lead to a period where the IJB is unable to legally undertake its strategic role and objectives	Chief Officer (Designate)	5	4	20	Very High	<ul style="list-style-type: none"> - Review instruction from Scottish Government and consider current planned timescales in this context - Early publication of Strategic Plan to mitigate shortened consultation period. The consultation closed on 31 Dec 2015 - The IJB was established on 8 Feb 2016. - The Strategic Plan will be presented to the established IJB on 21 Mar 2016 	1	4	4	Medium	Jan 2016: Control Actions updated to reflect end of SP consultation and establishment of IJB. Current likelihood of risk changed from 4 (likely) to 1 (extremely unlikely)
-	Closed	There is a risk that the Integration Scheme may not be approved by Scottish Ministers, leading to scheme being redrafted and statutory imposition of integration scheme which deviates from the Glasgow perspective	Chief Officer (Designate)	5	3	15	High	<ul style="list-style-type: none"> - Ensure scheme covers all areas defined by Regulations - Share draft scheme with contacts at Scottish Government for comment and guidance - Ongoing dialogue between Chief Execs of GCC and GGC 	5	2	10	High	Jan 2016: Chief Officer (Designate) has requested that this risk should be removed as irrelevant to the IJB.
-	Closed	There is a risk that the proposals arising from the Council Family Review might impact on Social Work Services and therefore might have a resulting impact on the HSCP (including structure, ability to deliver the Strategic Plan and financial impacts).	TBC	3	4	12	High	<ul style="list-style-type: none"> - There is currently representation from SWS on the relevant Council workstreams that are consistently conveying the message that any review of Social Work Services within the Council Family will have a subsequent impact on the HSCP. 	2	4	8	Medium	Jan 2016: Chief Officer (Designate) has requested that this risk should be removed as irrelevant to the IJB.
-	Closed	There is a risk that the Timescale for Ministerial approval of Integration Scheme may conflict with Glasgow's planned 'go-live' dates which may lead to a period where there is no legally constituted IJB following the dissolution of the CHCPs	Chief Officer (Designate)	5	4	20	Very High	<ul style="list-style-type: none"> - Review instruction from Scottish Government and consider current planned timescales in this context - Glasgow timescales have been revised on the basis of ministerial approval timescales. - Alternative solution for status of CHCP between repeal of previous legislation and establishment of IJB has been found (establishment of sub-committees by Health Board) 	1	4	4	Medium	Jan 2016: Chief Officer (Designate) has requested that this risk should be removed as irrelevant to the IJB.

Reference	Description of Risk	Risk Owner	Position Held	Risk Manager(s)	Inherent Prob	Inherent Impact	Risk Rating	Inherent Risk Level	Proximity	Control Actions	Residual Prob	Residual Impact	Residual Risk Rating	Residual Risk Level	Review Period	Date Last Checked	Next update due	Status	Most recent update
2	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 (GHSCP)	Karen Bell	4	5	20	High	Ongoing	Service Control of Abestos 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. Business Continuity Plans for functions being re-developed based on Business Impact Analysis exercise. Respond to all audit and inspection requirements. Emergency procedures in place for all 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. Legionella risk managed by ACCESS.	4	5	20	High	Quarterly	Sep-15	Dec-15	Live	Update October 2015: No change.
25	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 (GHSCP)	Allison Eccles	5	5	25	High	Ongoing as reforms are implemented.	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.	5	4	20	High	Quarterly	Sep-15	Dec-15	Live	Update September 2015: No change.
16	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.	David Williams	Chief Officer Designate (GHSCP)	Susanne Millar	5	4	20	High	Ongoing	Monthly SWLT agenda monitoring item Weekly Business Meeting to approve critical progress issues Service reform agenda reviewed monthly at SWS SRIG Asst Director 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	Sep-15	Dec-15	Live	Update September 2015: No change.

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17	There is a risk that the Glasgow MAPPA arrangements fail resulting in risk to Glasgow citizens from registered sex offenders	David Williams	Chief Officer Designate (GHSCP)	Susanne Millar	4	5	20	High	Ongoing	Criminal Justice SMT is part of the agenda for the 4-weekly SWLT meeting. 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 Criminal Justice SMT monthly meeting to overview CJ practice Monthly CJ strategic/operational group chaired by Head of CJ	3	5	15	Medium	Quarterly	Sep-15	Dec-15	Live	Update September 2015: No change.
18	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 Designate (GHSCP)	Susanne Millar	4	5	20	High	Ongoing	Children & Families SMT is part of the agenda for the 4-weekly SWLT meeting Child Protection Committee and sub groups Local area CP forums Quarterly meeting of Chief Officers group Management information produced and reviewed monthly at C&F SMT and area SMTs 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	Medium	Quarterly	Sep-15	Dec-15	Live	Update September 2015: No change.
19	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 Designate (GHSCP)	Sheena Morrison	4	5	20	High	Ongoing	Adult Protection Committee and sub groups Local area ASP forums Quarterly meeting of Chief Officers group Management information produced and reviewed quarterly at SMT and area SMTs ASM structure providing QA, monitoring and objectivity to local practice Robust single agency and multi agency training programme in place SWS have employed a grade 9 service manager to oversee practice improvement	3	5	15	Medium	Quarterly	Sep-15	Dec-15	Live	Update September 2015: No change
28	There is a risk that care home design provision for resilience in the event of a utility failure could result in design solutions that may attract unforeseen and additional revenue and capital expenditure.	Sharon Wearing	Chief Officer - Finance and Resources (GHSCP)	Tom Sweeney	4	5	20	High	Ongoing	Capital Programme Governance arrangements. Corporate partners working to develop viable solutions which will be evaluated through the Governance Board.	3	5	15	Medium	6-monthly	Sep-15	Apr-16	Live	Update September 2015: No change.

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29	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 (GHSCP)	Tom Sweeney	3	5	15	Medium	Ongoing	Capital Programme Governance arrangements.	3	5	15	Medium	6-monthly	Sep-15	Apr-16	Live	Update September 2015: No change.
1	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 (GHSCP)	Fiona Lockhart	4	4	16	High	Ongoing	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	3	4	12	Medium	Quarterly	Sep-15	Dec-15	Live	Update September 2015: Updated control actions to reflect Operations meeting and improvement actions from job swap.
3	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 (GHSCP)	Allison Eccles	4	5	20	High	Ongoing	Process in place to respond to specific issues as they arise and to support appropriate staff. Senior manager alert system to Director. Public Relations have a dedicated officer for Social Work (Ione Campsie) who regularly meets Head of Service Modernisation on media profile issues. Process in place to identify "Good News" stories to promote a more positive image. Overarching Communication Strategy including: Have Your Say, Directors Briefings, Staff Magazine Corporate and Departmental Customer Care Charters in place. Temporary communication specialist in place to develop communication plans around key change programmes. Post holder is linking into relevant project teams and communication plans drafted and work programmed into project plans. Communications workstream is in place and operational with regards to joint communications for health and social care integration. Regular briefings procured and circulated jointly to staff across both organisations to ensure that there is a consistency of message and timing.	3	4	12	Medium	Quarterly	Sep-15	Dec-15	Live	Update October 2015: No Change
4	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 (GHSCP)	Janette Cowan	4	4	16	High	Ongoing	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.	3	4	12	Medium	Quarterly	Sep-15	Dec-15	Live	Update September 2015: The Social Work Business Continuity Working Group has been reconvened and agreed actions to review and update BIAs and BCPs in lieu of integrated BC plans. Updated plans should be in place by end of 2015. Exercise Silver Swan events have taken place which were attended by Chief Officers and senior managers. An action to develop an integrated HSCP pan flu plan has been taken away from this, and is being co-ordinated by the Head of NW. The Emergency Planning Working Group continues to meet to review the department's civil emergency procedures and to identify training needs across the city. The SWS Resilience Rep continues to liaise and work with the Council's Resilience Unit to ensure relevant participation by the department in the Council's resilience agenda and associated exercises. At this time there is no plan to the level of risk or control actions in respect of this risk.
6	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 (GHSCP)	Raymond Bell	5	4	20	High	Ongoing	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	3	4	12	Medium	Quarterly	Sep-15	Dec-15	Live	Update September 2015: No change. Risk Manager notes that there may be additional risks relating to commissioning to be added. Update to be provided by 16/11/15 (JP)

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7	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 (GHSCP)	Fiona Lockhart	4	4	16	High	Ongoing	Council ICT Security policies and procedures and security management arrangements implemented by ACCESS Membership of Information Security Management Board. Information sharing protocol in place. All ICT developments progressed through project management methodology which includes risk logs. Internet use and potential disk and memory stick use has resulted in review of guidelines and reissued to staff. Review of use of Laptops and development and rollout of encryption. Creation of Information Security Policy and guidance on use of memory sticks issued on Connect. Roll-out of encrypted memory sticks. Mandatory online data security training on GOLD or face to face briefing for all Social Work staff. Data Security screen savers implemented. Establishment of Data Security Group Revised Exit Processing guidance issued.	3	4	12	Medium	Quarterly	Sep-15	Dec-15	Live	Update September 2015: Control actions updated to reflect the work of the ISB subgroups.
30	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 (GHSCP)	Tom Sweeney	5	4	20	High	Ongoing	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	Medium	6-monthly	Sep-15	Apr-16	Live	Update September 2015: No change.
27	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 (GHSCP)	Tom Sweeney	3	5	15	Medium	Ongoing	Capital Programme Governance arrangements. Corporate partners working to develop viable solutions which will be evaluated through the Governance Board.	2	5	10	Medium	6-monthly	Sep-15	Apr-16	Live	Update September 2015: No change.
13	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 (GHSCP)	Fiona Lockhart	4	3	12	Medium	Ongoing	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	Sep-15	Apr-16	Live	Update September 2015: Control actions updated to reflect the work of the HSCI ICT Steering group.

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26	There is a risk of reduced income from charging as service users experience a reduction in their income as a result of welfare reform. This could affect the ability of the service to meet demand.	Sharon Wearing	Chief Officer - Finance and Resources (GHSCP)	Colin Christie	4	3	12	Medium	Ongoing as reforms are implemented	Review charging policies	3	3	9	Medium	6-monthly	Sep-15	Apr-16	Live	Update September 2015: No change
8	There is a risk that internal financial management and control processes fail to operate effectively, resulting in avoidable budget pressures, poor use of resources, and unsound decisions, affecting all areas of the Service.	Sharon Wearing	Chief Officer - Finance and Resources (GHSCP)	Colin Christie	3	4	12	Medium	Ongoing	Compliance with established framework and policies for financial management and control, including Financial Regulations, Management and Control - Code of Practice. Clearly defined roles and responsibilities. Regular financial monitoring and reporting at all appropriate levels of Service. Scheme of Delegation. Internal Financial Control Assurance Statement. Budget and Service Plan process.	2	4	8	Low	6-monthly	Jun-15	Dec-15	Live	Update June 2015: (SB) Residual probability score amended from 4 to 3 after review requested by Chief Officer/Head of Business Business Development. Reassessment approved by Risk Owner
12	There is a risk that external funding may be reduced, restricted or ceased, resulting in closure of services or budget pressures within services, affecting vulnerable client groups and service users.	Sharon Wearing	Chief Officer - Finance and Resources (GHSCP)	Colin Christie	3	4	12	Medium	Ongoing	Continued engagement with providers of external funding. Development of financial framework around specific projects to provide certainty of timescale. Regular monitoring of external funding to ensure timeous reporting and ability to respond to budget pressures.	2	4	8	Low	6-monthly	Sep-15	Apr-16	Live	Update Nov 2015: P7 Probable Outturn +£3.7m. Monitoring in line with that position.
14	There is a risk that the service will not be able to meet the future registration requirements of the Scottish Social Service Council as new parts of the SSSC's register open resulting in a failure to meet all regulatory requirements.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning (GHSCP)	Christina Heuston/Clare Hughes	3	4	12	Medium	Ongoing	Audit of all registration requirements and status of all staff who are registered with different regulatory bodies. Training needs identified and staff supported to access appropriate qualifications. Programmes developed and delivered as required.	2	4	8	Low	6-monthly	Sep-15	Apr-16	Live	Update October 2015: (Clare Hughes) Registration of social care assistants is now complete. HR discipline processes have been invoked in respect of a small number of staff who failed to meet the registration deadline. This has not impacted on service delivery. Update September 2015: Jackie Kerr advised that S Fitzpatrick and Clare Hughes are now responsible. S Fitzpatrick advised Clare Hughes should be the Risk Manager copy of Risk Register updated 28/10/15 (JP)

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15	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 Designate (GHSCP)	Susanne Millar	3	4	12	Medium	Ongoing	Monthly SWLT agenda monitoring item. Weekly Business Meeting to approve critical recruitment issues. Service reform agenda reviewed monthly at SWS SRIG. Trade Union liaison at strategic and local levels. Workforce planning arrangements approved and monitored by Service WPB which meets fortnightly. Any critical issues are escalated to SW Business Meeting.	2	4	8	Low	6-monthly	Sep-15	Apr-16	Live	Update September 2015: No change.
21	There is a risk that the Older Peoples Residential Strategy will fail to deliver the planned new care homes and day care facilities within planned timescales resulting in pressures to expend resources to repair and maintain existing facilities affecting the Social Work budget generally.	Sharon Wearing	Chief Officer - Finance and Resources (GHSCP)	Tom Sweeney	3	5	15	Medium	Ongoing	Capital Programme Governance arrangements. Regular monitoring of contract by DRS Project Team. Reporting to Social Work Capital Board. Reporting to Council Capital Board.	2	4	8	Low	6-monthly	Sep-15	Apr-16	Live	Update Nov 2015: Inherent impact changed from 4 (major) to 5 (extreme) to reflect the pressure on the wider capital budget, the potential for unknown ground conditions with some sites, the lack of a confirmed handover for the Blawarthill site, Esa 10 and the numerous unknowns around the Commonwealth building. This changes the overall
22	There is a risk that the Older Peoples Residential Strategy will fail to deliver the planned new care homes and day care facilities within approved capital and revenue budgets resulting in need to apply additional resources affecting the Council budget.	Sharon Wearing	Chief Officer - Finance and Resources (GHSCP)	Colin Christie	3	4	12	Medium	Ongoing	Capital Programme Governance arrangements. Regular monitoring of contractor by DRS Project Team. Reporting to Council Capital Board.	2	4	8	Low	6-monthly	Sep-15	Apr-16	Live	Update September 2015: No change
23	For the Commonwealth Games Care Home, there is a risk that the Older Peoples Residential Strategy will fail to meet required Care Inspectorate standards resulting in adverse reporting and poor levels of service to vulnerable clients affecting the Council's reputation within the market.	Sharon Wearing	Chief Officer - Finance and Resources (GHSCP)	Tom Sweeney	3	5	15	Medium	Ongoing	Capital Programme Governance arrangements.	2	4	8	Low	6-monthly	Sep-15	Apr-16	Live	Update September 2015: No change.
24	There is a risk that the transition between current and new care homes is not managed effectively resulting in an impact on levels of care provided affecting vulnerable service users.	Sharon Wearing	Chief Officer - Finance and Resources (GHSCP)	Clare Hughes	3	5	15	Medium	Ongoing	Capital Programme Governance arrangements. Development of transition strategy. Establishment of city-wide reference group for service users.	2	4	8	Low	6-monthly	Sep-15	Apr-16	Live	Update September 2015. (Clare Hughes) The second of the new 120 bedded care homes, Orchard Grove, opened on the site in Toryglen in October 2015. The transition of residents and decommissioning of three care homes was managed successfully and reflected the lessons learned from opening of the first care home in 2014.
5	There is a risk of failure to translate Strategic Objectives into operational arrangements. This may result in a failure to fulfil statutory duties or to protect vulnerable service users.	Susanne Millar	CSWO & Chief Officer - Planning, Strategy and Commissioning (GHSCP)	Allison Eccles	3	3	9	Medium	Ongoing	ASPIR process. Performance Management Framework. Budget Pressures & Impact Analysis reports. Progress actions jointly agreed with Health and Partners. Commissioning Strategy. Joint protocols. Child Protection and Adult Protection structures. Complaints procedures. External Inspections by SWIA and HMle Child Protection Procedures. Practice Audit. Professional Governance Board.	2	3	6	Low	6-monthly	Sep-15	Apr-16	Live	Update October 2015: No change

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11	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 (GHSCP)	Fiona Lockhart	3	4	12	Medium	Ongoing	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.	2	3	6	Low	6-monthly	Sep-15	Apr-16	Live	Update September 2015: Control actions updated to remove the West of Scotland Child Protection Register, which has now been decommissioned. Risk Manager back to Fiona Lockhart.
9	There is a risk of failure to respond/inadequate response to emerging changes in legislation, or improvements in services in light of HMIE, Care Inspectorate or other regulatory bodies' inspections. 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 Designate (GHSCP)	Susanne Millar	2	3	6	Low	Ongoing	Liaison with UK/Scottish Government departments. Budget monitoring and adjustment as required. Discussion of new legislation at weekly Business Meeting/monthly Leadership Team. Training in place to support staff. Governance Board and sub group to support Chief Social Worker role. Management reporting systems. Variety of protocols in place. Corporate protocol to SG Consultations responses.	1	3	3	Low	Annually	Mar-15	Feb-16	Live	
20	There is a risk of delay in the implementation careFirst 6 resulting in a failure to deliver the personalisation agenda in the required timescale affecting the Service Reform programme	Sharon Wearing	Chief Officer - Finance and Resources (GHSCP)	Fiona Lockhart	3	4	12	Medium	Immediate	Programme fully implemented by end Nov 2015 with the live implementation of RASCALC functionality for calculating budgets. Audited governance structure in place with Project and Programme Boards. Dedicated Programme resources in place from Social Work and ACCESS. Regular meetings with key stakeholders.	2	3	6	Low	6-monthly	Sep-15	Apr-16	Pending	Update September 2015: Risk should be removed as project will be fully implemented by the end of November.

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GCCHP	1415	Patient Flow Forensic	The process of patient assessment, care management and ultimate movement to community based services is slowed due to lack of available community resources leading to blockage.. The ability to move patients between medium, low and community services and within Acute and rehab functions, coupled with continued pressure to admit from the State Hospital in relation to the appeals procedure severely impacts our ability to respond to needs from prisons and other health boards within WOS. This is compounded by the WOS financial model which in itself brings its own challenges. Now using OATS to manage the increasing demands for beds.	James Meade	5 - Will undoubtedly recur, possibly frequently	5 - Extreme	25	VHIGH	The Directorate is continually engaged in regular dialogue with local authority colleagues where patient specific cases are discussed. □ □ The Directorate regularly monitors and reports on patient activity and have carried out an in-depth review of patient activity sources which has informed on proposals for better responding to this increasing flow and financial challenge. □ □ Weekly bed management meetings being held with CD/Bed Manager/Service Manager/Lead Nurses/Consultant Psychiatrist. Engagement of senior management/finance to keep them apprised of the situation. Position paper being developed by Government directing national solution to the medium secure bed capacity issue."	5 - Will undoubtedly recur, possibly frequently	4 - Major	20	VHIGH	03/02/2016
GCCHP	1417	Shortage of Staff	Shortage of appropriate/competent staff compromising the ability to deliver service.	Sybil Canavan	5 - Will undoubtedly recur, possibly frequently	5 - Extreme	25	VHIGH	Recruitment arrangements. Succession and workforce planning. Contingency arrangements as for poor weather and other circumstances.	5 - Will undoubtedly recur, possibly frequently	4 - Major	20	VHIGH	03/02/2016
GCCHP	1418	Financial CHP Wide	Failure to deliver savings plan in 2016/17 which may result in overspend which will need to be met in future years from increased savings.	Alex MacKenzie	5 - Will undoubtedly recur, possibly frequently	5 - Extreme	25	High risk	Regular financial monitoring at Sector and CHP level. Development of savings plans to meet Board targets.	5 - Will undoubtedly recur, possibly frequently	4 - Major	20	VHIGH	03/02/2016
GCCHP	1511	GP practices	Glasgow City HSCP may experience a local GMS practice terminating its contract, such that the HSCP will have to directly provide GMS services this may happen with relatively little notice	Richard Groden	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Developing a response "toolkit" for practices "in distress" 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 starter for ten range of responses. □ Developing an approach to pro-actively identify/support practices that might be approaching an "in distress" state, including mechanisms and possible responses	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	03/02/2016
GCCHP	1423	Critical Failure of care	Critical failure of care leading to harm to service user (including suicide, child protection, adult support and protection)	Mrs Mari Brannigan	3 - May recur occasionally	5 - Extreme	15	High risk	Referral process, Staff supervision, Existing policies, procedures and guidelines Inspection regimes- child protection	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016

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GCCHP	1425	Clinical communications	Clinical Communications-delays or errors in clinical information being transferred between services, leading to errors in medication or failings in care or treatment of an individual	Dr Paul Ryan	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Guidelines and protocols	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	1428	Prescribing costs	Prescribing costs exceeding the allocated budget threatening CHP services	Richard Groden	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Budget performance monitoring Prescribing monitoring, Risk sharing across CHP/CHCP , prescribing plan to identify and generate savings if required	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	1429	Failure to meet Access/Discharge Targets	Failure to meet Access/discharge targets	Lorna Dunipace	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	03/02/2016
GCCHP	1431	External providers	External care providers not recognising health needs/ not seeking appropriate advice Impact of personalisation on staffing levels	Paul Adams	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 Commission Inspectorate NHS input into personalisation process More robust use of service concerns	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	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. 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	03/02/2016
GCCHP	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 coasts associated with risk at regular intervals Risks escalated though capital governance structure On-going discussions with social work	4 - Will probably recur, but is not a persistent issue	3 - Moderate	12	High risk	03/02/2016
GCCHP	1436	Business continuity/ Major Incidents	Business continuity Service interruption due to unavoidable incidents, damage to facilities, loss of power of IT services, staffing shortages caused by industrial action	David Walker	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Business continuity plans in place across services, with coordination via partnerships business Continuity group and Board wide Civil Contingencies Group	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016

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
GCCHP	1437	Prison prescribing costs	Prescribing costs in prison healthcare exceeding the allocated budget threatening CHP services Prison Population numbers rising placing increased demands on pharmacy budget	Mrs Fiona McNeill	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Budget monitoring/prescribing plan to identify and generate savings if required. NHSGGC to be included in national discussions with SPS in the management of prison population. national contract monitoring by national procurement Local scrutiny by CHP pharmacy on invoicing	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	1438	Medical input to Police custody Suites	Failure to agree medical input to the NHS police custody health care service would lead to the Board failing to provide the full agreed service to Police Scotland. Current suppliers contract has been extended to 29 February 2016 to allow for slippage in tendering process	Mrs Fiona McNeill	3 - May recur occasionally	4-Major	12	High risk	Tendering process underway in order to have medical service in place for end of contract period	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	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	03/02/2016