



Item No: 19

Meeting Date: Wednesday 15th March 2017

Glasgow City Integration Joint Board

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RISK MANAGEMENT UPDATE

Purpose of Report:	The purpose of this report is to provide an update to the Integration Joint Board on the status of the Risk Registers currently being maintained within the Glasgow City Health and Social Care Partnership.
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Recommendations:	The Integration Joint Board is asked to: <ul style="list-style-type: none">a) review the content of this report and;b) note the content and of the current Integration Joint Board, Social Work and Health Risk Registers.
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Relevance to Integration Joint Board Strategic Plan:

The report outlines the status of the Risk Registers being maintained for the IJB to enable it to fulfil its functions, as transformational change to service delivery is achieved, and progress the IJB vision as outlined on page 26 of the plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The management of the risk registers for the HSCP contributes to the delivery of all of the 9 national health and wellbeing outcomes.
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Personnel:	Human Resources risks are identified in the Registers.
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Carers:	Any impacts of risks on carers are outlined in the Registers.	
Provider Organisations:	Impacts on risks to provider organisations are identified in the Registers.	
Equalities:	Non-compliance with equality requirements are identified in the Registers.	
Financial:	Financial risks are identified in the Registers.	
Legal:	Legal impact of risks are identified in the Registers.	
Economic Impact:	Economic impacts of risks are identified in the Registers.	
Sustainability:	Impact on sustainability is reflected in the Registers.	
Sustainable Procurement and Article 19:	Not applicable.	
Risk Implications:	Risk implications are detailed in the Registers.	
Implications for Glasgow City Council:	Relevant implications/impacts for Glasgow City Council are identified in the Social Work Risk Register	
Implications for NHS Greater Glasgow & Clyde:	Relevant implications/impacts for NHS GGC are identified in the Health Risk Register	
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 update to the Integration Joint Board on the status of the Risk Registers currently being maintained within the Glasgow City Health & Social Care Partnership (the HSCP).

2. Background

- 2.1. The Integration Joint Board, Social Work and Health Risk Registers are maintained, updated and reported in line with the Risk Management policies of the respective bodies
- 2.2. Risk Owners and Risk Managers are identified for each item on the risk registers and are responsible for the ongoing monitoring and updating of their respective risk items.
- 2.3. All risk registers are formally reviewed and updated on a quarterly basis, with the frequency that each item on the registers are reviewed determined by the level of risk that each presents.

3. Integration Joint Board Risk Register

- 3.1. The Integration Joint Board Risk Register is currently maintained, updated and reported in line with the Risk Management Policy developed for integrated bodies.
- 3.2. There were **2** items added to the register in January 2017:
 - (Ref. 16) There is a risk that industrial action in ACCESS may impact on delivery of the Transformation Projects under the direction of the IJB. This item has been added as a 'High' risk as the full extent of the residual impact of the industrial action is still being assessed.
 - (Ref. 17) There is a risk of the IJB being unable to fulfil its functions due to a business continuity incident. This item has been added as a 'Medium' risk as it is reasonably mitigated by the existing business continuity framework of Glasgow City Council.
- 3.3. There are **2** items which are proposed for removal from the register:
 - (Ref. 6) The risk of amendment of legislation or publication of additional guidance which conflicts with Glasgow's planning assumptions has sufficiently diminished (due to both the length of time that has passed and no indication of intent) to warrant consideration of removal of this item.
 - (Ref. 11) The risk of the budget allocation from NHS GGC not being agreed at a sufficient level is covered by the inclusion of other items within the register, therefore this specific item can be considered for removal
- 3.4. There is **1** item where the current risk level has been reduced:
 - (Ref. 1) The risk of the budget settlement for Glasgow City Council and the NHS leading to negative impact on the HSCP has been reduced from 'Very High' to 'High' due to limitations on partners to pass on "significant savings to IJBs".

- 3.5. There are **2** items with minor changes to their risk description (*Ref. 12 & 15*), and **2** items with minor changes to their control actions (*Ref. 2 & 9*).
- 3.6. There are **12** 'live' risks on the Integration Joint Board Risk Register, with **1** item with a current risk level of 'Very High', **4** items with a current risk level of 'High' and **7** items with a risk level of 'Medium'. There are **2** items on the register 'pending' approval for closure.
- 3.7. The most recent version of the Integration Joint Board Risk Register is attached as Appendix A.

4. Social Work Risk Register

- 4.1. The Social Work Risk Register is currently maintained, updated and reported in line with the Glasgow City Council Risk Management Policy and Guidance. There were **19** items on the risk register that required to be updated in January 2017.
- 4.2. There were **4** items added to the Register. These items all relate to risks that have emerged as a result of the National Abuse Inquiry, and identification of control actions to mitigate these is ongoing:
- (*Ref. 40*) There is a risk of being unable to provide information to the Inquiry because of the nature of the information and the historical scope of the Inquiry (for example, questions relating to the 'culture' of the service in an era preceding the current staff group or existing records) resulting in adverse legal and reputational impact. This has been initially assessed as a 'Very High' risk.
 - (*Ref. 41*) There is a risk that the media coverage of the Inquiry will lead to an increase in claims for compensation being made resulting in adverse reputational and financial impact. This has been initially assessed as 'High' risk.
 - (*Ref. 42*) There is risk that the resources required to facilitate the Inquiry exceed the current capacity of the Service resulting in adverse financial, reputational and/or legal impact in respect of both the Inquiry and the ongoing delivery of services. This has been initially assessed as a 'High' risk.
 - (*Ref. 43*) There is a risk that staff and service users required to provide evidence experience an adverse emotional impact as a result of recalling experiences which were, or perceived to be, traumatic. This has been initially assessed as a 'High' risk.
- 4.3. There were a total of **4** items where the level of risk has increased since the last quarter, with **3** of these increasing as a result of industrial action at ACCESS. Whilst the industrial action formally concluded on 23 January 2017, there remains additional residual risk to Social Work while ACCESS returns to provision of 'business as usual' services to the council:
- (*Ref. 1*) Risk that arrangements with ACCESS do not meet ICT requirements for Social Work services has increased from 'High' to 'Very High'.
 - (*Ref. 7*) Risk that ICT security fails resulting in a loss/misuse of data or other breach of confidentiality has increased from 'High' to 'Very High'.
 - (*Ref. 11*) Risk that ICT systems affecting statutory requirements fail has increased from 'High' to 'Very High'.

The other item which increased the level of risk in the last quarter was:

- (Ref. 31) Risk that renewal of the OLM contract will not be concluded which could lead to lack of support for careFirst has increased from 'High' to 'Very High'.

4.4. There were **2** items which had minor updates to their control actions (Ref. 4 & 19), which did not affect the risk level of these items.

4.5. At the end of January 2017 there were **36** live items on the Social Work Risk Register. There are **6** items with a current risk of 'Very High', **15** items with a current risk of 'High', **14** items with a current risk of 'Medium' and **1** item with a current risk of 'Low'.

4.6. The highest risks on the Social Work Risk Register are attached as Appendix B, with most recent updates to these highlighted in blue.

4.7. The next update of this risk register, which will be the final quarterly update of 2016/17, is due in April 2017.

5. Health Risk Register

5.1. The Health Risk Register is currently maintained, updated and reported in line with the NHS GGC Risk Management Policy, and collates the most significant risks as identified in locality and service risk registers. The register has been updated in January 2017.

5.2. There was **1** item added to the Register:

- (Ref 1759) Risk to lone worker safety as a result of provider being unable to train all users ahead of implementation date. This has been assessed as a 'High' risk.

5.3. There was **1** item removed from the Register. This was due to the level of risk being assessed to have reduced sufficiently to warrant removal from the register:

- (Ref 1669) Risk in respect of revalidation/annual fees for nurses.

5.4. There were **3** items where the level of risk has decreased since the last review. These were all due to a review of current control actions determining that these risks were increasingly mitigated:

- (Ref. 1418) The reduced likelihood of a failure to deliver savings plan in 2016/17 means that the overall risk level of this item has changed to 'Moderate'.
- (Ref. 1425) The reduced likelihood of delays or errors in clinical information leading to medication errors or treatment/care failings means that overall risk level of this item has changed to 'Moderate'.
- (Ref. 1436) The reduced likelihood of an interruption to services due to an unavoidable incident means that the overall risk level of this item has changed to 'Moderate'.

- 5.5. There were **2** items which had minor updates to their risk descriptions which did not affect the level of risk of these items:
- (Ref. 1417) Removal of specific reference to school nurses
 - (Ref. 1511) Replaced “terminating its contract” with “unable to fulfil contractual obligations” in respect of GMS practices
- 5.6. The highest risks on the Health Risk Register are attached as Appendix C.
- 5.7. At the end of January 2017 there were **16** items on the Health Risk Register with a current risk of ‘High’.
- 5.8. The next update of this risk register, which will be the final quarterly update of 2016/17, is due in April 2017.

6. Recommendations

- 6.1. The Integration Joint Board is asked to:
- a) review the content of this report; and,
 - b) note the content of the current Integration Joint Board, Social Work and Health Risk Registers.

APPENDIX A: Integrated Joint Board Risk Register

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	
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 - 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 - Additional funding from Central Government has been made available in respect of HSCPs and the GCHSCP allocation of this has been identified.	5	4	20	Very High	January 2017: Potentially remove control action in respect of additional funding.
1	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	January 2017: Risk description updated from Dec 2015 to Dec 2016. Current risk likelihood reduced from 5 to 4 because of the limitations in the settlement for the Council and Health Board to pass on significant savings to IJBs. Control actions updated.
16	Live	There is a risk that ongoing industrial action by the council's IT provider may result in delays or inability to deliver on the full range of Transformation Projects under the direction of the IJB which may result in the IJB being unable to meet agreed saving levels dependant on Transformation Programme.	Chief Officer or Chief Finance & Resources Officer?	4	4	16	High	GCC has implemented corporate business continuity framework HSCP has service manager representation at all GCC led meetings in relation to latest information and impact of industrial action HSCP has placed business continuity leads in services on "stand-by", with weekly update meetings to share latest information and assess level of risk and impacts across services	4	4	16	High	New Risk added January 2017
12	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	January 2017: Minor update to risk description
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	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	January 2017: The review of support is still ongoing, with relevant Heads of Service leading workstreams within their area of the HSCP business.
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	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	January 2017: No change
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	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	January 2017: 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	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	January 2017: No change, however will require full review subsequent to local elections in May 2017, and confirmation of future council committee structures and governance arrangements.

APPENDIX A: Integrated Joint Board Risk Register

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	
14	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	January 2017: No change.
15	Live	There is a risk that the financial challenges faced by some provider organisations (in particular those providing sleepovers) to pay the Scottish Living Wage could destabilise them significantly, resulting in a threat to the continuity of services. This could create issues in the availability of appropriate provision for our service users and have a negative reputational impact on the Partnership which could seriously impact on the delivery of the IJB's strategic plan.	Chief Finance & Resources Officer	4	5	20	Very High	We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. Ensure timeous regular payment to provider organisations Ensure that the payment of the additional funding for the Scottish Living Wage is made timeously Proof of concept work with providers will enable us to ensure that as far as possible we have lean processes in our dealings with providers and that we can co-produce new ways of working to ensure efficiency.	3	3	9	Medium	January 2017: Amended risk description to more accurately reflect the nature of the risk to the IJB
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	4	4	16	High	- Review of processes established --'Double running' of existing arrangements while revised structures are established	2	4	8	Medium	January 2017: Propose removal of control action about "double running" as integrated professional governance arrangements have been established.
17	Live	There is a risk of the IJB being unable to fulfill its functions due to a failure of, or disruption to, property, people and/or infrastructure. This could be caused by expected or unexpected events (such as strike action, pandemic flu, civil emergency etc) and could result in a breach of statutory obligations as well as subsequent negative impact on the HSCP and it's constituent partners.	Chief Finance & Resources Officer	3	3	9	Medium	Existing Business Continuity Planning framework for Glasgow City Council is in place in respect of crisis management and continuity of support services within the HSCP Development of specific Business Continuity Plan for the IJB - Late summer 2017	2	3	6	Medium	New Risk added January 2017
11	Pending	There is a risk that the budget allocation from the GGC Health Board to the GHSCP will not be agreed at level which allows the IJB to direct Sufficient financial resources pursuant to its Strategic Plan. The budget offer letter from the Health Board in July 2016 assumes a level of savings in excess of the HSCP's current savings plan and so there is a risk that there is shortfall in this plan, both in-year and on a recurring basis, or that the IJB will be unable to approve the budget allocation	Chief Finance & Resources Officer	5	5	25	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	5	5	25	Very High	January 2017: Propose remove this risk as essentially incorporated into risk item no 2 above.
6	Pending	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	3	3	9	Medium	- Chief Officer and all other joint senior officers have ongoing and routine engagement with civil servants and will become aware of any potential changes as they are being developed. - Any GCHSCP action in response to any proposed changes should be able to made proactively.	3	3	9	Medium	January 2017: Propose remove this risk item from the register as significant time passed since legislation was passed through parliament, no current indications of plans at government level to amend legislation or publish additional guidance.

APPENDIX B: Social Work Risk Register

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)		
1	Live	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)	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 January 2017: The industrial action taken by ACCESS staff is increasing the likelihood and consequences of IT failure, and became an issue over the Christmas period. CareFirst failed on the 24/12/16 and was not available until 28/12/16 when staff returned from leave. The problem was not fully resolved until 4/1/17, and there are continuing risks due to the age of the IT hardware. The project to replace the hardware has been on hold since the end of November 2016 due to the industrial action. ACCESS staff are due to return to work on the 23/01/17 and this will be addressed as a priority. Current likelihood changed from 3 to 5, current consequences changed from 4 to 5 to reflect this. Overall current risk level rises to 'Very High' from 'High' as a result of this.
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 (GHSCP)	4	4	16	High	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 NHSGG&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.	5	5	25	Very High	Quarterly	Update January 2017: The industrial action taken by ACCESS staff is increasing the likelihood and consequences of IT security issues as security patching has not been undertaken since the 1/12/17. This will resume following the ACCESS staff return to work on 23/01/17. Current likelihood changed from 3 to 5, current consequences changed from 4 to 5 to reflect this. Overall current risk level rises to 'Very High' from 'High' as a result of this.
11	Live	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)	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 January 2017: The industrial action taken by ACCESS staff is increasing the likelihood and consequences of system failure, and became an issue over the Christmas period. CareFirst failed on 24/12/16 and was not available until 28/12/16 when staff returned from leave. The problem was not fully resolved until 04/01/17, and there are continuing risks due to the age of the IT hardware. The project to replace the hardware has been on hold since the end of November due to the industrial action. ACCESS staff are due to return to work on 23/01/17 and this will be addressed as a priority. Current likelihood changed from 3 to 5, current consequences changed from 4 to 5 to reflect this. Overall current risk level rises to 'Very High' from 'High' as a result of this.
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 (GHSCP)	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 January 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 (GHSCP)	4	4	16	High	ACCESS are dealing with the contract renewal, and the concerns around the implications of the current situation have been raised with Senior Management.	5	4	20	Very High	Quarterly	Update January 2017: Contract negotiations with ACCESS and OLM appear to have halted therefore increasing significantly the likelihood that these will not be concluded by the required date. Current likelihood score increased from 4 to 5, increasing overall current risk from 'High' to 'Very High'

APPENDIX B: Social Work 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
40	Live	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 (GHSCP)	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	NEW RISK ADDED FEBRUARY 2017
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 (GHSCP)	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 January 2017: No change.
36	Live	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 January 2017: Performance management framework now developed and citywide and locality implementation plans underway. Workforce plans for each of the care groups now being developed which will support the service reconfiguration agenda. Training and development programme for MHOs established and increased MHO capacity for Out of Hours services now in place. AWI protocols now rolled out across the partnership and practice being monitored via the Older People's Core Leadership group. Workforce planning for operational staff now monitored via the workforce planning board in the HSCP.
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 (GHSCP)	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. 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, this monitoring has identified the need to review the Violence training for Fieldwork staff, this review is currently underway with a target date for 12 weeks. Legionella risk managed with the assistance of ACCESS.	3	5	15	High	Quarterly	Update January 2017: No change
17	Live	There is a risk that the Glasgow MAPPAs arrangements fail resulting in risk to Glasgow citizens from registered sex offenders	David Williams	Chief Officer (GHSCP)	4	5	20	Very High	City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice. MAPPAs Strategic Oversight Group meets every 3 months MAPPAs Operational Group meets every 6 weeks MAPPAs 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 January 2017: No change.

APPENDIX B: Social Work 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
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 (GHSCP)	4	5	20	Very High	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 January 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 (GHSCP)	4	5	20	Very High	- 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 January 2017: change to control actions highlighted in blue
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 (GHSCP)	3	5	15	High	Capital Programme Governance arrangements.	3	5	15	High	Quarterly	Update January 2017: No change
41	Live	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 (GHSCP)	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	NEW RISK ADDED FEBRUARY 2017
42	Live	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 (GHSCP)	5	3	15	High	Ongoing monitoring and review of resources utilised to facilitate the Inquiry.	5	3	15	High	Quarterly	NEW RISK ADDED FEBRUARY 2017
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 (GHSCP)	4	5	20	Very High	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 end of 2016) 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 January 2017: No change.

APPENDIX B: Social Work 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
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 (GHSCP)	4	4	16	High	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) and meets quarterly (to be increased to monthly until BCPs are updated to reflect HSCP) - Target completion of update to BCPs was September 2016 in line with agreement at HSCP Civil Contingencies Group, but has been revised to February 2017 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 January 2017: Work in respect of Business Continuity Plan review for the HSCP revised to February 2017. This is due to the ongoing business continuity incident in respect of industrial action by ACCESS which has had an impact on our business as usual. We also await GCC's significantly revised Business Continuity Policy and Framework (advised due "early in 2017") as we need to ensure that BCPs for GCC resources within the Glasgow City HSCP comply with this.
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 (GHSCP)	5	4	20	Very High	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. Business Continuity Plans for functions being re-developed based on Business Impact Analysis exercise. 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	No update received from Risk Manager in January 2017.
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 (GHSCP)	5	4	20	Very High	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 January 2017: No change
43	Live	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 (GHSCP)	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	NEW RISK ADDED FEBRUARY 2017
27	Live	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)	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 January 2017: No change

Appendix C: Health Risk Register

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)
1423	Critical Failure of care	Critical failure of care leading to harm to service user (including suicide, child protection, adult support and protection)	Alex MacKenzie	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
1428	Prescribing costs- Financial	Prescribing costs exceeding the allocated budget threatening HSCP 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
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
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
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
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 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

Appendix C: Health Risk Register

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)
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
1759	Lone working	Contract changes to provision of lone worker support from Guardian to Reliance. Unable to train all users ahead of implementation date	Adams Paul	4-Will probably occur, but it is not a persistent issue	3 - Moderate	12	High risk	Lone workers who have not been trained and supplied with the new alert device will be required to use their work mobile phone and record their community visits in a local log	4 - Will probably recur, but is not a persistent issue	3 - Moderate	12	High risk
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
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	3 - May recur occasionally	4- Major	12	High risk
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	3 - May recur occasionally	4- Major	12	High risk
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	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
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

Appendix C: Health Risk Register

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)
1511	GP practices	Glasgow City HSCP may experience a local GMS practice unable to fulfil its contractual obligations, 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
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	High risk	New Forensic Contract. Recent service review recommends further development of service model	4- Will probably recur, bit is not a persistent issue	4- Major	16	High risk
1704	Court Liaison	Lack of cover for the Court Liaison services cause delay in assessing with apparent MH problems in the system. This may lead to complaints from the Court System	Michael Smith	4 - Will probably recur, but is not a persistent issue	4-Major	16	High risk	Reviewing and Strengthening the current service. This may take some time to implement	4- Will probably recur, bit is not a persistent issue	4- Major	16	High risk
1418	Financial HSCP 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	4 - Will probably recur, but is not a persistent issue	4-Major	16	High risk	Regular financial monitoring at Sector and CHP level. Development of savings plans to meet Board targets.	2-Not expected to happen, but definite potential exists-unlikely to occur	4 - Major	8	Moderate risk
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	2-Not expected to happen, but definite potential exists-unlikely to occur	4 - Major	8	Moderate risk
1436	Business continuity/ Major Incidents/ Pandemic Flu	Business continuity Service interruption due to unavoidable incidents, damage to facilities, loss of power of IT services, staffing shortages caused by industrial action and pandemic flu	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	2-Not expected to happen, but definite potential exists-unlikely to occur	4 - Major	8	Moderate risk