



# Item No. 9

Meeting Date      Wednesday 5<sup>th</sup> December 2018

## Glasgow City Integration Joint Board Finance and Audit Committee

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### RISK MANAGEMENT QUARTERLY UPDATE REPORT

<b>Purpose of Report:</b>	To provide an update to the IJB Finance and Audit Committee on the status of the risk registers being maintained within the Glasgow City Health and Social Care Partnership.
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<b>Background/Engagement:</b>	The risk registers maintained within the Partnership are reviewed and updated by the relevant risk owners and risk managers, and reported on a quarterly basis.
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<b>Recommendations:</b>	The IJB Finance and Audit Committee is asked to:  a) review the content of this report, and; b) note the current highest risks on the Integration Joint Board, Social Care and Health risk registers.
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#### Relevance to Integration Joint Board Strategic Plan:

Risks to the delivery of the Strategic Plan are identified in the IJB Risk Register.

#### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The maintenance of a risk management framework within the Partnership aligns with Outcome 9 (Resources are used effectively and efficiently in the provision of health and social care services).
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<b>Personnel:</b>	Personnel risks are identified in the risk registers.
<b>Carers:</b>	N/A
<b>Provider Organisations:</b>	Risks in relation to Provider Organisations are identified in the risk registers.
<b>Equalities:</b>	N/A
<b>Financial:</b>	Financial risks are identified in the risk registers.
<b>Legal:</b>	Legal impacts of risks are identified in the risk registers.
<b>Economic Impact:</b>	Economic impact of risks are identified in the risk registers.
<b>Sustainability:</b>	N/A
<b>Sustainable Procurement and Article 19:</b>	N/A
<b>Risk Implications:</b>	Risk implications are detailed in the risk registers.
<b>Implications for Glasgow City Council:</b>	Risk implications to partner bodies are detailed in the risk registers.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Risk implications to partner bodies are detailed in the risk registers.

## 1. Purpose

- 1.1. The purpose of this report is to provide an update to the Integration Joint Board Finance and Audit Committee on the status of the corporate risk registers currently maintained within the Partnership.

## 2. Integration Joint Board Risk Register

- 2.1. The last quarterly review of this risk register was carried out in **July 2018**.

- 2.2. There were **no** risks recommended for closure since the last quarterly review.
- 2.3. There were **no** risks added to the register since the last quarterly review.
- 2.4. There was **1** item on the register where the initial and current risk decreased since the last quarterly update review:
  - **Ref 10:** Due to an appeal of legal rulings on sleepover rates the initial likelihood of this risk occurring has decreased from 4 (Likely) to 3 (Possible). This means initial risk has decreased from Very High to High. A review of the control actions in place mean that the current likelihood has also decreased, from 3 (Possible) to 2 (Unlikely). This means the current risk has decreased from 12 (High) to 8 (Medium).
- 2.5. At the conclusion of the October 2018 review there were **14** 'live' risks on the register, with **4** items having a current risk level of 'Very High', **4** items with a risk level of 'High' and 6 items with a risk level of 'Medium'.
- 2.6. All items with a current risk level of 'High' or 'Very High' are reviewed every quarter, with the most recent updates to these shown in Appendix A.
- 2.7. Items with a current risk level of 'Medium' or 'Low' can be reviewed less regularly in line with the risk management policy. All of these items were reviewed this quarter.
- 2.8. The next quarterly review of the IJB Risk Register in 2018/19 is scheduled to be carried out in **January 2019**.

### **3. Social Care Risk Register**

- 3.1. The last quarterly review of this risk register was carried out in **July 2018**.
- 3.2. There were **no** new risks added to the register since the last quarterly update report.
- 3.3. There were **2** risks recommended for closure on the register since the last quarterly update report:
  - HSCP-004: The risk of failure to translate Strategic Objectives into operational arrangements has been closed as it has not changed since 2011 and has stayed below the risk tolerance threshold.
  - HSCP-032: The risk of failure to negotiate the contract for delivering out of hours Social Work Services has been closed as the risk owner reports that the work has concluded.

- 3.4. There were **2** risks on the register where the initial risk level increased since the last quarterly update report:
- HSCP-022: The inherent probability of the risk of the renewal of the OLM contract not being concluded by 31/3/2018 has been increased from 4 (Likely) to 5 (Almost Certain) to reflect that this risk has actually occurred. The inherent risk level remains Very High.
  - HSCP-031: The inherent probability of the risk of a Carefirst disaster recovery solution not being in place has been increased from 4 (Likely) to 5 (Almost Certain) to reflect that this risk has actually occurred. The inherent risk level remains Very High.
- 3.5. There were **4** risks on the register where the current risk level increased since the last quarterly update report:
- HSCP-001: The risk of failure to meet statutory Health & Safety requirements has been re-assessed to a current risk score of 16 (Very High). This is an increase on the previously reported risk level.
  - HSCP-017: The risk of failure of the care home transition strategy has been re-assessed to a current risk score of 12 (High). This is an increase on the previously reported risk level.
  - HSCP-022: The current probability of the risk of the renewal of the OLM contract not being concluded by 31/3/2018 has been increased from 4 (Likely) to 5 (Almost Certain) to reflect that this risk has actually occurred. The current risk level remains Very High.
  - HSCP-031: The current probability of the risk of a Carefirst disaster recovery solution not being in place has been increased from 4 (Likely) to 5 (Almost Certain) to reflect that this risk has actually occurred. The current risk level remains Very High.
- 3.6. There were **3** risks on the register where the current risk level decreased since the last quarterly update report:
- HSCP-024: The current probability of the risk that the implementation method for the Scottish Living Wage could lead to legal challenge has decreased from 5 (Almost Certain) to 3 (Possible) as the implementation of payment has concluded. This has reduced the current risk level from Medium to Low.
  - HSCP-025: The current probability of the risk that funding provided to cover the SLW is not sufficient has reduced from 2 (Unlikely) to 1 (Rare) as the implementation of payment has concluded. This has reduced the current risk level from Medium to Low.
  - HSCP-026: The current probability of the risk that paying the SLW could result in financial challenges for external providers resulting in them exiting the market has reduced from 3 (Possible) to 2 (Unlikely) following review by the Risk Manager. This has reduced the current risk level from High to Medium.
- 3.7. At the conclusion of the October 2018 review, there were **29** 'live' risks on the register, with **9** risks having a current risk level of 'Very High', **9** risks with a

risk level of 'High', **8** risks with a risk level of 'Medium' and **3** risks with a risk level of 'Low'.

- 3.8. All risks with a current risk level of 'High' or 'Very High' are reviewed every quarter, with the most recent updates to these shown in Appendix A.
- 3.9. Risks with a current risk level of 'Medium' or 'Low' are reviewed less regularly in line with the risk management policy. **11** of these were reviewed by the risk managers during this quarterly review, and their current risk level was assessed to be accurate.
- 3.10. The next quarterly review of the Social Care Risk Register in 2018/19 is scheduled to be carried out in **January 2019**.

#### **4. Health Risk Register**

- 4.1. The last quarterly review of this risk register was carried out in **January 2018**.
- 4.2. Due to ongoing systems access issues a comprehensive update of the Health Corporate Risk Register is not available this quarter.
- 4.3. A manual review of the Health Risk Register identified three additional risks relating to shortage of staff in District Nursing South (noted as High risk) and shortage of Admin and Clinical staff in Homelessness Health (noted as Very High risk).
- 4.4. The currently available information about the status of the Health Risk Register is included in Appendix A.
- 4.5. The next quarterly review of the Health Risk Register in 2018/19 is scheduled to be carried out in **January 2019**.

#### **5. Recommendations**

- 5.1. The IJB Finance and Audit Committee is asked to:
  - a) note the contents of this report, and;
  - b) note the current highest risks on the Integration Joint Board, Social Care and Health Risk Registers.

IJB Risk Register (Page 1 of 2)

Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
16	<i>Transfer of Cordia Services - equal pay settlement</i>	There is a risk of loss of resources due to the timing and/or value of the equal pay settlement. This applies particularly to resources transferring to the HSCP from Cordia and is a result of the equal pay settlement and the demographic of the workforce. This could result in industrial action, loss of workforce and loss of capacity to deliver services which would affect the IJB's ability to deliver the Strategic Plan.	Chief Finance & Resources Officer	4	5	20	Very High	- Contingency Planning Group established, with representation from HSCP, GCC and Cordia - Data analysis is currently underway to confirm potential impact on service - Cordia HR/Training teams are currently preparing revised recruitment and training plan (to increase capacity for both)	4	5	20	Very High	October 2018: No change
17	<i>Transfer of Cordia Services - resources</i>	There is a risk of a lack of appropriate level of business support staff in the HSCP to support corporate functions. This would be a result of inadequate levels of resource being transferred from Cordia to HSCP to support functions such as HR, Finance, Comms and Governance. This would result in reduced capacity to deliver a full range of support to HSCP services and the IJB and could delay or compromise priority/critical activity. This would directly impact on delivery of IJB business, plus impact on frontline services which could affect IJB ability to deliver its Strategic Plan.	Chief Finance & Resources Officer	5	4	20	Very High	- Engagement with GCC Corporate Workstreams for Cordia transfer including Steering Group, Operational Delivery, Governance and Compliance, Comms & Engagement, Legal, HR, Finance. - Comms and engagement with staff - Frontline visits to Cordia services by Chief Officer and Chief Officer Strategy & Operations	5	4	20	Very High	October 2018: No change
18	<i>Level of savings required in 2019/20 and beyond</i>	There is a risk of inability to deliver appropriate level of essential services due to the required level of savings in the Budget Service Plan in 2019-20 and beyond. This could result in being unable to meet demand services, failing to ensure safety and prevent harm to service users, failing to meet statutory requirements and failing to delivery part or all of the IJB Strategic Plan	Chief Finance & Resources Officer	5	4	20	Very High	- Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB - Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets - HSCP will actively engage with Partner Bodies in budget planning process for 2019-20 and beyond identifying dependencies and risks associated with any proposals.	5	4	20	Very High	October 2018: No change
19	<i>Transfer of Cordia Services - terms and conditions</i>	There is a risk of inability to forecast financial position due to the lack of information about the costs associated with harmonisation of terms and conditions arising from the transfer of Cordia services to the HSCP. This could result in significant additional and (currently hidden) expenditure to the HSCP in relation to wage and salary costs which could impact on capability to meet demand for services. This could impact the IJB's reputation and its capacity to deliver its Strategic Plan.	Chief Finance & Resources Officer	5	4	20	Very High	- HSCP is actively involved in the preparation of the transfer of Cordia services to the HSCP, however to date no information is forthcoming on the implications to the HSCP on the costs associated with the harmonisation of terms and conditions.	5	4	20	Very High	October 2018: No change
2	<i>Delivery of Strategic Plan within budget</i>	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	4	4	16	High	October 2018: No change
6	<i>Partners' governance arrangements</i>	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	4	4	16	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.	4	4	16	High	October 2018: The Chief Officer has been identified as co-chair of the <a href="#">Unscheduled Care workstream for the Health Board's MFT programme</a> . This will involve substantial investment of time and HSCP resource to deliver on behalf of the whole Board area.

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
8	<i>Differing terms and conditions</i>	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.	3	5	15	High	October 2018: No change
3	<i>Resources required for integration</i>	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 - Workforce Planning sub-group meets fortnightly to review workforce planning matters (including requests to fill vacancies)	3	4	12	High	October 2018: No change

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
HSC P-018	Impact of Welfare Reform on demand for services	<p><b>RISK:</b> 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.</p> <p><b>CAUSE:</b> Welfare Reform</p> <p><b>EFFECT:</b> reduced ability to meet demands on our services</p>	Susanne Millar	5	5	25	Very High	<ul style="list-style-type: none"> <li>- Contribution to the corporate welfare reform group;</li> <li>- Effective communications with service users and other stakeholders;</li> <li>- Information dissemination on rights to appeal;</li> <li>- Appeals packs for service users developed;</li> <li>- Welfare Reform training delivered to 3rd sector.</li> <li>- Key messages have been refreshed and disseminated again widely in line with the current stage of reform.</li> <li>- Significant further training has been provided to voluntary sector organisations.</li> <li>- Linkages with the Scottish Welfare Fund has resulted in a significant increase in the number of people appealing benefit sanctions.</li> <li>- Briefings on Universal Credit arranged</li> </ul>	5	4	20	Very High	Update Sep 2018: No change. Risk Manager notes that full rollout of Universal Credit has commenced.
HSC P-028	Impact of National Abuse Inquiry	<p><b>RISK:</b> that the Scottish Child Abuse Inquiry could result in adverse legal, financial, reputational and operational impacts to the Service.</p> <p><b>CAUSE:</b> These could arise from:</p> <ul style="list-style-type: none"> <li>- being unable to provide historical information requested by the Inquiry being perceived as the Service being ineffective or deliberately obstructive</li> <li>- the level of resources required to provide an appropriate response to the Inquiry's initial information request not being available/sustainable without impact on business as usual activity</li> <li>- an increase in claims for compensation being made due to increased media coverage of the Inquiry's processes</li> <li>- staff and service users required to provide evidence experiencing an adverse emotional impact as a result of recalling experiences which were, or perceived to be, traumatic.</li> </ul> <p><b>EFFECT:</b> Reputational damage</p>	Susanne Millar	5	4	20	Very High	<ul style="list-style-type: none"> <li>- Internal team established to manage our input to the Inquiry. This team will liaise with the PR office accordingly.</li> <li>- Internal team includes legal representatives in order that we manage any claims.</li> <li>- Ongoing monitoring and review of resources utilised to facilitate the Inquiry.</li> <li>- Existing employee support mechanisms through HR.</li> <li>- Existing health and social care support services for service users.</li> </ul>	5	4	20	Very High	Update Sep 2018: No change
HSC P-031	Carefirst Disaster Recovery	<p><b>RISK:</b> IF careFirst fails THEN there is a risk that the disaster recovery solution may not be available at all, or may take a number of days to arrange</p> <p><b>CAUSE:</b> The careFirst disaster recovery solution is in transition between the old solution and a new solution, and full implementation is dependent on new hardware</p> <p><b>EFFECT:</b> lack of full access to careFirst for staff and the significant business impacts that would have.</p>	Allison Eccles	5	4	20	Very High	<ul style="list-style-type: none"> <li>- CGI have been asked to confirm the current DR arrangements and give detailed assurances that DR would be available if required. CGI have been asked to ensure that the necessary hardware is purchased as soon as possible, but this is a Corporate project, so requires agreement from Governance. This will be pursued as soon as relevant information is received.</li> </ul>	5	4	20	Very High	Update Sep 2018: Risk Owner has been updated from Sharon Wearing to Allison Eccles. Risk Manager advises that the inherent and residual probability should increase from 4 (Likely) to 5 (Almost certain) to reflect that this risk event is currently happening. Risk level remains at Very High. Risk Manager advises awaiting information from SIT on latest update on CF6 DR development.



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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
HSC P-001	Health & Safety statutory requirements	<p><b>RISK:</b> of failure to meet statutory Health &amp; Safety requirements</p> <p><b>CAUSE:</b> personnel</p> <p><b>EFFECT:</b> 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.</p>	Christina Heuston	4	5	20	Very High	<ul style="list-style-type: none"> <li>- 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, The Service has replaced a number of older buildings containing Asbestos with new buildings (asbestos banned from use in new buildings) reducing the possible exposure.</li> <li>- Departmental Health &amp; Safety Policy &amp; manuals</li> <li>- Fire safety management system.</li> <li>- H&amp;S risk assessment processes, e.g. fire, legionella, alarms etc.</li> <li>- H&amp;S respond to all audit and inspection requirements.</li> <li>- Emergency procedures in place for all service user accommodation</li> <li>- Range of H&amp;S training in place e.g. Fire Wardens, Manual Handling etc.</li> <li>- Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place.</li> <li>- Monitoring of claims.</li> <li>- Managing Violence at Work Policy Document and monitoring of Violent Incident reports, this monitoring has identified the need to review the Violence training for Fieldwork staff, this review is currently underway with a target date of 6 weeks</li> <li>- Legionella risk managed with the assistance of CGI.</li> </ul>	4	4	16	Very High	<p><b>Update Sep 2018:</b> Residual Risk score had been incorrectly recorded on the risk register from June 2018. Risk has been reassessed by the risk manager, and residual risk is now 4(Major impact) and 4 (likely probability).</p>
HSC P-003	Business Continuity arrangements	<p><b>RISK:</b> Failure of or disruption to facilities, infrastructure or staff affecting delivery of mainstream and out-of-hours services.</p> <p><b>CAUSE:</b> Exceptional, one-off and unexpected events leading to loss of staff, loss of building, loss of access to building, loss of supplier or loss of infrastructure.</p> <p><b>EFFECT:</b> service users across the city don't receive a service for a period of time that leads to reputational, financial, legal and/or public protection impact.</p>	Susanne Millar	4	4	16	Very High	<ul style="list-style-type: none"> <li>- Industrial Relations Strategy in place.</li> <li>- Monthly meetings at Director level with senior Trade Union officials.</li> <li>- Business Continuity Reps identified in each service area</li> <li>- Business Continuity Working Group chaired by the service Business Continuity Champion (Head of Business Development) meets quarterly</li> <li>- Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC Compliance. SWS has fed into this process.</li> <li>- 2018 Business Continuity lifecycle is being actioned by the Working Group</li> <li>- Actions arising from GCC Internal Audit require to be carried out. To be completed by October 2018.</li> </ul>	4	4	16	Very High	<p><b>Update Sep 2018:</b> Business Continuity Working Group met on 3/9/18 to review GCC Internal Audit recommendations. Agreed action for all services to complete BIAs by end of September 2018. HSCP Resilience team have attended locality management meetings to highlight audit recommendations and also met Planning colleagues at East Dun HSCP to view integrated BC plan arrangements. Update on BCP progress across the HSCP will be given to SMT at its November 2018 meeting. No change to level of risk this quarter.</p>
HSC P-006	Failure of ICT security	<p><b>RISK:</b> ICT security fails</p> <p><b>CAUSE:</b></p> <p><b>EFFECT:</b> 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</p>	Allison Eccles	5	5	25	Very High	<ul style="list-style-type: none"> <li>- 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.</li> <li>- Information sharing protocol with NHSGG&amp;C in place.</li> <li>- All ICT developments progressed through project management methodology which includes risk logs and Privacy Impact Assessments are undertaken as required.</li> <li>- The majority of devices are now encrypted and authorisation process in place for unencrypted devices.'</li> <li>- Disclosure process in place for PSN compliance. Secure email piloted and will be rolled out alongside protective marking.</li> </ul>	4	4	16	Very High	<p><b>Update Sep 2018:</b> Risk Owner has been updated from Sharon Wearing to Allison Eccles. Full review of this risk has been requested. Awaiting input from Risk Manager.</p>

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
HSC P-010	Budget & Service Plan	<p><b>RISK:</b> 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.</p> <p><b>CAUSE:</b></p> <p><b>EFFECT:</b> necessitating potential drastic and unplanned cuts in order to realise the savings requirements thereby leaving services and service users vulnerable.</p>	Sharon Wearing	5	4	20	Very High	<ul style="list-style-type: none"> <li>- Fortnightly Integration Transformation Board meetings</li> <li>- Weekly Executive Group meetings to approve critical progress issues</li> <li>- CSWO led SMT's in both Adult and Children and family Services review and progress</li> <li>- Performance Management Framework incorporating City-wide, local and care group performance reporting</li> <li>- Regular planned and structured liaison with providers re: changes</li> <li>- Service User engagement</li> <li>- Trade Union liaison at strategic and local levels</li> </ul>	4	4	16	Very High	Update Sep 2018: No Change
HSC P-027	VISOR vetting requirements	<p><b>RISK:</b> that changes to the vetting requirements for new and existing VISOR users at a national level, which are incompatible with the council's recruitment and employment policies will lead to the service losing access to the system.</p> <p><b>CAUSE:</b> changes to the vetting requirements for new and existing VISOR users at a national level which are incompatible with current recruitment policies</p> <p><b>EFFECT:</b> the service being less able to manage offenders who pose high risk of serious harm to the public, with subsequent legal and reputational on the service.</p>	Susanne Millar	5	4	20	Very High	<ul style="list-style-type: none"> <li>- Issue highlighted to Glasgow's Public Protection Chief Officers Group</li> <li>- Impact report completed by Social Work Scotland and further national work under consideration</li> <li>- Legal advice taken by HR advising no change to recruitment or employment policies</li> <li>- Sufficient staff currently vetted and able to make use of system in collaboration with MAPPA partners and responsible authorities</li> </ul>	4	4	16	Very High	Update Sep 2018: No change
HSC P-029	Workforce planning/reduction	<p><b>RISK:</b> that workforce planning/reduction in staffing levels and loss of skilled staff might compromise the Service's ability to deliver services and carry out its statutory duties, including:</p> <ul style="list-style-type: none"> <li>- Services to LA and LAAC children;</li> <li>- MHO duties;</li> <li>- Duties under S22 of the Children Scotland Act 1995;</li> <li>- Provision of children's hearings reports and reports to Court;</li> <li>- Duties in relation to Adults with Incapacity legislation;</li> <li>- Duties in relation to S12 of the Social Work Scotland Act 1968.</li> </ul> <p><b>CAUSE:</b></p> <p><b>EFFECT:</b> service users not receiving services they're entitled to, and which leaves them at increased risk.</p>	David Williams	5	4	20	Very High	<ul style="list-style-type: none"> <li>- Trade Union liaison at strategic and local levels.</li> <li>- HSCP Workforce Planning Sub-group and Board chaired by Chief Officer (Finance &amp; Resources) which feeds directly into the Executive Group and Leadership Team. It comprises Chief Officer (Planning, Strategy &amp; Commissioning/CSWO), Chief Officer (Operations) and HR reps from SWS and NHS. Chief Officer (Planning, Strategy &amp; Commissioning/CSWO) advises group of any potential risks in relation to staffing reductions.</li> <li>- Local performance management and supervision systems in place.</li> <li>- Workforce planning arrangements for care groups being finalised.</li> <li>- Training and development programme for MHOs in place.</li> <li>- New AWI protocols agreed at HSCP and SWS Governance Groups</li> <li>- Regular updated workforce planning monitoring reports (by Locality) for all care groups in place.</li> </ul>	4	4	16	Very High	Update Sep 2018: No change - Risk manager (MB) reports recruitment has now taken place within Children and Families (Peripatetic Team).

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
HSC P-011	MAPPA	<b>RISK:</b> Glasgow MAPPA arrangements fail <b>CAUSE:</b> <b>EFFECT:</b> risk to Glasgow citizens from registered sex offenders	Susanne Millar	4	5	20	Very High	- City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice. - MAPPA Strategic Oversight Group meets every 3 months - MAPPA Operational Group meets every 6 weeks - MAPPA national guidance - Multi agency Risk Register in place and standing item on the agenda of both meeting structures - NASSO meeting every quarter with RSL providers - Memorandum of Understanding in place between statutory agencies and reviewed annually	3	5	15	High	Update Sep 2018: No change
HSC P-012	Child Protection procedures	<b>RISK:</b> failure in the implementation of Child Protection procedures and arrangements <b>CAUSE:</b> <b>EFFECT:</b> increased and/or avoidable risk/harm to children and/or young people	David Williams	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 CP Quality Assurance Sub-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	Update Sep 2018: No change
HSC P-013	Adult Protection procedures	<b>RISK:</b> failure in the implementation of Adult Protection procedures and arrangements <b>CAUSE:</b> <b>EFFECT:</b> increased or avoidable risk/harm to vulnerable adults	David Williams	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 - Quality Assurance sub group of Adult Support and Protection Committee now in place, which monitors the work plan and highlights areas for further consideration	3	5	15	High	Update Sep 2018: No change
HSC P-022	Renewal of Carefirst contract	<b>RISK:</b> 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 <b>CAUSE:</b> delay in renewing OLM contract <b>EFFECT:</b> 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	Allison Eccles	5	4	20	Very High	- CGI and GCC SIT are dealing with the contract renewal, and the concerns around the implications of the current situation have been raised with Senior Management.	5	4	15	High	Update Sep 2018: Risk Owner has been updated from SW to AE. Risk Manager advises inherent and residual probability increase from 4 (Likely) to 5 (Almost Certain) to reflect that this risk event is currently happening. Residual risk level has increased from High to Very High per GCC risk matrix. The residual risk for this item had been incorrectly recorded. Risk Manager has re-assessed and confirmed the residual score is 3 (moderate impact) and 5 (almost certain). This assessment is based on the fact that the risk has already happened, however OLM are still receiving maintenance payments therefore unlikely to not provide support in the event of a problem.
HSC P-005	Impact of failure of third parties partners	<b>RISK:</b> contractor/partner arrangements fail <b>CAUSE:</b> <b>EFFECT:</b> failure to deliver services appropriately with a provider or other agencies leading to a failure to care/protect service users	Susanne Millar	5	4	20	Very High	- Contract Management Framework. - Contractor Risk Ratings Matrix. - Procurement activity undertaken in accordance with written agreed procedures. - All contractual arrangements over the approved thresholds referred to appropriate committee for approval. - Ensuring providers/other agencies have health and safety procedures/arrangements in place - Regular meetings with key providers regarding strategic provider related issues	3	4	12	High	Update Sep 2018: No change

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
HSC P-017	Older People Residential Strategy - Transition arrangements	<b>RISK:</b> that the transition between current and new care homes is not managed effectively <b>CAUSE:</b> <b>EFFECT:</b> impact on levels of care provided affecting vulnerable service users.	Stephen Fitzpatrick	3	5	15	High	- Capital Programme Governance arrangements. - Development of transition strategy. - Establishment of city-wide reference group for service users.	3	4	12	High	<b>Update Sep 2018:</b> Risk Owner has been updated from Sharon Wearing to Stephen Fitzpatrick. Operational planning is already underway in relation to opening of 120 bedded care home with integrated day care facility on the Leithland Road site; 70 bedded care home on Blawarthill site and standalone new build day care on Woodside site. This will involve de-commissioning of 5 older peoples residential care homes and 2 day care centres. Timescale of delivery of the 4 new build units is around May 2019. There is an increased risk due to two residential care homes being delivered at the same time. There is also an increase in frailty of residents as a direct result of older peoples strategy. Risk Owner has assessed that the current risk level is accurate.
HSC P-021	Costs arising outwith the original agreed tender agreement	<b>RISK:</b> resolution of outstanding design issues and adverse site conditions on the Leithland site <b>CAUSE:</b> <b>EFFECT:</b> impact on Social Work Services budget	Sharon Wearing	3	4	12	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	<b>Update Sep 2018:</b> No Change
HSC P-030	Suitability or failure of ICT systems	<b>RISK:</b> that ICT systems used by Social Work Services are not fit for purpose, or fail <b>CAUSE:</b> the Glasgow City Council arrangements with CGI for the provision of ICT don't meet the specific needs of Social Work Services. <b>EFFECT:</b> impact on our ability to undertake statutory duties and meet business objectives (including the protection of and care for vulnerable children and adults).	Allison Eccles	4	4	16	Very High	- The Strategic Innovation and Technology Team (SIT) have been established to oversee the contract with CGI. An HSCP Business Partner to SIT has been appointed. The contract is based on Output Based Specifications (OBSs) and there are OBSs for key systems (including careFirst, iWorld and LS/CMI) and all other ICT provision. There is also a transformation programme to significantly improve a number of technologies. The Governance structures for ICT and Digital are being reviewed in light of the change in ICT contract and HSCP requirements.	3	4	12	High	<b>Update Sep 2018:</b> Risk Owner has been updated from Sharon Wearing to Allison Eccles. Risk Manager advises that there are ongoing discussions with GCC SIT in respect of future proofing for HSCP IT requirements. Control actions have been reviewed and updated by the Risk Manager. No change to risk level this quarter.
HSC P-033	Building defects that are the subject of either litigation or ongoing contractor disputes.	<b>RISK:</b> the resolution of design issues arising after the defect liability period has ended on capital project sites <b>CAUSE:</b> <b>EFFECT:</b> could result in operational and health & safety impacts on the HSCP, as well as the potential for litigation with a contractor and/or a financial risk to GCC and the wider new build capital programme.	Sharon Wearing	3	4	12	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	<b>Update Oct 2018:</b> Corrections made to risk chronology as administrative error had led to some entries on this item's chronology being swapped with entries on item 32's chronology. <b>Update Sep 2018:</b> No Change

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Ref	Title	Description	Manager	Initial Risk Level			Controls in place	Current Risk Level			Latest Update		
				Likelihood	Severity	Risk Rating		Risk level	Likelihood	Severity		Risk Rating	Risk level
1428	Prescribing costs-Financial	Prescribing costs exceeding the allocated budget threatening HSCP services	Richard Groden	5	4	20	Very high risk	Budget performance monitoring Prescribing monitoring, risk sharing across HSCP, prescribing plan to identify and generate savings if required	5	4	20	Very high risk	Oct 2018: No update available due to ongoing system access issue
TBC	Shortage of clinical staff Homelessness Health Services	Number of current vacancies within Service (B7 x2). Difficulty in recruiting Band 7 TL clinical staff to Service. Service provision affected.	Ann Forsyth	5	4	20	Very high risk	Recruitment arrangements - held for Redeployment. Succession and workforce planning. Service Manager currently assisting with TL duties with support from junior staff where grade appropriate.	5	4	20	Very high risk	Oct 2018: New risk identified.
TBC	Shortage of Admin staff Homelessness Health Services	Number of current vacancies within Service. Difficulty in recruiting/retaining Band 5 TL staff to Service. Previous Admin bank staff left to take up longer term posts elsewhere.	Ann Forsyth	5	4	20	Very high risk	Recruitment arrangements. Succession and workforce planning. Service Manager covering with assistance of junior staff where grade appropriate.	5	4	20	Very high risk	Oct 2018: New risk identified.
1417	Shortage of Staff	Future Shortage of appropriate/competent staff e.g. retirement compromising the ability to deliver service.	Sybil Canavan	4	4	16	High risk	Recruitment arrangements. Succession and workforce planning.	4	4	16	High risk	Oct 2018: No update available due to ongoing system access issue
1418	Financial HSCP Wide	Failure to deliver transformation programmes in 2017/18 which may result in not meeting financial targets.	Susanne Millar	5	4	20	Very high risk	Regular financial monitoring at Sector and HSCP level. Reviewing and reforming of services as part of savings plans to meet targets.	4	4	16	High risk	Oct 2018: No update available due to ongoing system access issue
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	4	20	Very high risk	New Forensic Contract. Recent service review recommends further development of service model. To agree extending existing contract. Engaging procurement	4	4	16	High risk	Oct 2018: No update available due to ongoing system access issue
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	4	16	High risk	Reviewing and strengthening the current service. Unscheduled Care Review will consider service changes to address this issue.	4	4	16	High risk	Oct 2018: No update available due to ongoing system access issue
2080	Shortage of Staff Prison Health care	Recruitment and retention of workforce within prison health care as identified in HMP Inspection	Jackie Kerr	4	4	16	High risk	Lowmoss and Gateside Prisons has both been subject to HIS and HMIP inspections detailed action plan now in place for both establishments. Recruitment of nursing staff is ongoing and will remain a priority for the service.	4	4	16	High risk	Oct 2018: No update available due to ongoing system access issue
2081	System Change	Rapid system change and in particular staff turnover is a recognised factor potentially compromising patient safety.	Michael Smith	4	4	16	High risk	Local governance arrangements and clinical networks created as part of the patient safety programme will help monitor and manage change, sharing findings with local managers and HSCP systems as appropriate	4	4	16	High risk	Oct 2018: No update available due to ongoing system access issue
TBC	Shortage of Staff District Nursing - South	Number of current vacancies within Service. Experienced staff taking up higher grade ANP posts within GP surgeries. Staff retirement rates.	Anne Mitchell	4	4	16	High Risk	Recruitment arrangements. Succession and workforce planning.	4	4	16	High risk	Oct 2018: New risk identified.
1423	Critical Failure of care	Critical failure of care leading to harm to service user (including suicide, child protection, adult support and protection, clinical standards and inspections)	Ann-Marie Rafferty	3	5	15	High risk	Referral process, Staff supervision, Existing policies, procedures and guidelines. Inspection regimes- child protection	3	4	12	High risk	Oct 2018: No update available due to ongoing system access issue
1429	Failure to meet Access/ Discharge Targets	Failure to meet Access/discharge targets	Jackie Kerr	4	4	16	High risk	Working group established, Links with Social work, Funding, Continue to monitor/audit delayed discharges with acute	3	4	12	High risk	Oct 2018: No update available due to ongoing system access issue
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	Elaine Love	4	4	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	4	12	High risk	Oct 2018: No update available due to ongoing system access issue

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Ref	Title	Description	Manager	Initial Risk Level			Controls in place	Current Risk Level			Latest Update		
				Likelihood	Severity	Risk Rating		Risk level	Likelihood	Severity		Risk Rating	Risk level
1435	Capital Developments - financial	Capital Developments- Insufficient revenue to cover on-going costs of projects	Sharon Wearing	4	4	16	High risk	Project governance structures in place to minimise risk Risk register within project areas identified costs associated with risk at regular intervals Risks escalated through capital governance structure On-going discussions with social work	4	3	12	High risk	Oct 2018: No update available due to ongoing system access issue
1439	Information Governance MAPPA information sharing	Sensitive or confidential information is inappropriately shared resulting in adverse media impact and loss of public confidence	Ann-Marie Rafferty	4	4	16	High risk	Information sharing protocols have been developed with relevant agencies and the directorate regularly remind staff of their responsibilities	4	3	12	High risk	Oct 2018: No update available due to ongoing system access issue
1511	GP practices	Glasgow City HSCP may experience a local GMS practice unable to fulfil its contractual obligations, requiring intervention and support sometimes at short notice	Richard Groden	5	4	20	Very high risk	Developing a response "toolkit" for vulnerable practices and seeking support in terms of an initial assessment and what might be offered by way of further in depth assessment and identifying a suitable range of responses. Developing an approach to pro-actively identify/support practices that might be approaching a vulnerable state, including mechanisms and possible responses	3	4	12	High risk	Oct 2018: No update available due to ongoing system access issue
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	4	16	High risk	Liaison with NES regarding recruitment, reviewing service configuration and employing locum staff when necessary. Unscheduled Care Review will consider service changes to address this issue	3	4	12	High risk	Oct 2018: No update available due to ongoing system access issue
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	4	16	High risk	Using robust bed management system to highlight problems in time to resolve. Key issue for the Core leadership and other for a to manage.	3	4	12	High risk	Oct 2018: No update available due to ongoing system access issue
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	4	16	High Risk	Business continuity plans , pandemic flu plans. Use of buddy system for staff.	3	4	12	High Risk	Oct 2018: No update available due to ongoing system access issue