



# Item No: 13

Meeting Date: Wednesday 7<sup>th</sup> November 2018

## Glasgow City Integration Joint Board

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### ANNUAL RISK MANAGEMENT REVIEW 2017/18

<b>Purpose of Report:</b>	The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity and risk registers maintained within the Glasgow City Health & Social Care Partnership (GCHSCP) during 2017/18.
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<b>Recommendations:</b>	The Integration Joint Board is asked to: a) note the content of this report, and; b) note the attached Integration Joint Board, Social Work and Health risk registers.
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#### Relevance to Integration Joint Board Strategic Plan:

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

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

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

## 1. Purpose

- 1.1. The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity within the GCHSCP during 2017/18.

## 2. Risk Management Policy & Strategy

- 2.1. As per section 15.5 of the Integration Scheme, the risk management strategy will be “subject to regular review and revision at least annually by the Integration Joint Board”.
- 2.2. An updated Risk Management Strategy was formally approved by the IJB at its meeting on 24<sup>th</sup> January 2018.

### **3. Risk Management Procedures**

- 3.1. There are 3 risk registers currently maintained within the GCHSCP. These are the Integration Joint Board Register, the Social Work Risk Register and the Health Risk Register.
- 3.2. All registers were reviewed and updated on a quarterly basis in 2017/18, with quarterly reports to the Senior Management Team (SMT) and the IJB Finance & Audit Committee, and report to the IJB every 6 months.
- 3.3. During 2017/18 the following changes to risk management procedures were carried out:
  - The IJB directed that the three risk registers be reported as one appendix to the written report. This was put in place as directed.
  - On 30 April 2018, Glasgow City Council issued an updated Corporate Risk Management Policy and Framework which will mean some changes to the way risks are recorded and reported within Glasgow City Council. This should not affect the way HSCP risks are reported to IJB.
- 3.4. The three risk registers are due for annual review by the Strategic & Operations Executive Group at the end of Q4 of each year. For 2017/18, the registers were presented to the group on 23rd April 2018.
- 3.5. The Group agreed:
  - the risk registers should be presented as is until such time as a full review has taken place
  - a workshop to be held over the summer to review the registers in full by the Risk Owners (Chief Officers, Assistant Chief Officers and Clinical Directors), given the complexity of the registers, the changes to the HSCP Leadership Team and the governing frameworks.
- 3.6. A workshop was held on 2<sup>nd</sup> August 2018 and agreed the following key action:
  - Establish a new joint governance structure to ensure the process of continuous review across all risks is embed operationally and strategically across the 9 governance groups.
  - Provide further training at all appropriate levels
  - A full review of all registers
- 3.7. Further updates will be provided to the IJB Finance and Audit Committee in December.

### **4. Integration Joint Board Risk Register**

- 4.1. The Integration Joint Board Risk Register is maintained, updated and reported in line with the Risk Management Policy developed for integration bodies.
- 4.2. The highest risks in the IJB Risk Register throughout 2017/18 were related to financial position, and specifically the risks to the IJB arising from budget allocation issues.

4.3. At the close of 2017/18, there were **13** 'live' risks on the IJB Risk Register, with **0** items having a risk level of 'Very High', **8** items with a risk level of 'High' and **5** items with a risk level of 'Medium'.

4.4. The IJB Risk Register at the close of 2017/18 is attached as part of Appendix A.

## **5. Social Work Risk Register**

5.1. The Social Work Risk Register is maintained, updated and reported in line with the Glasgow City Council Risk Management Policy and Guidance Framework.

5.2. The highest risks in the register relate to the impact of the National Abuse Inquiry and the ongoing implementation of Welfare Reform. The Chief Officer, Strategy & Operations reports that the risk level in terms of the impact of the National Abuse Inquiry is not reduced by control actions due to the uncertainty of the emerging picture and unpredictability of the particular individual cases that will be involved in the inquiry. The exposure to the very high risk posed by Welfare Reform will continue and is anticipated to increase as the medium to long term impact emerge.

5.3. Significant risks added to the register during 2017/18 related to the increased risk to cyber security and the financial impact of implementing the Scottish Living Wage, particularly for providers. Both risks are mitigated by with the current risk level reducing slightly over the period due to control measures in place.

5.4. At the end of 2017/18 there were **31** 'live' risks on the register, with **2** items having a current risk level of 'Very High', **16** items with a risk level of 'High', **11** items with a risk level of 'Medium' and **1** item with a risk level of 'Low'.

5.5. The highest risks on the Social Work Risk Register at the end of 2017/18 are attached as part of Appendix A.

## **6. Health Risk Register**

6.1. The Glasgow City Health Risk Register is currently maintained, updated and reported in line with the NHS GGC Risk Management Policy.

6.2. The highest risks on the Health Risk Register throughout 2017/18 relate to risks around the financial position, and risk related continuity of services (specifically the risk of GP practice failure and risk of lack of medical and nursing staff in some services).

6.3. One risk, relating to the impact on staffing levels of personalisation has been closed over the period as it has been mitigated by contract management arrangements. The financial risk of the implementation of the Scottish Living Wage has been successfully mitigated by control actions and the current risk level reduced to "medium".

6.4. The highest risks on the Health Risk Register at the end of 2017/18 are attached as part of Appendix A.

## **7. Recommendations**

7.1. The Integration Joint Board is asked to:

- a) note the content of this report, and;
- b) note the attached Integration Joint Board, Social Work and Health risk registers contained in Appendix A.

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	
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 Officer Finance & Resources	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	Update April 2018: Current risk likelihood changed from 5 to 4, lowering risk ranking to 16. Risk level remains "High"
15	<i>Level of savings required in 2018/19</i>	There is a risk that, due to the level of savings in 2018-19 that we need to achieve, any slippage in the year could present as a financial challenge to the budget being in balance at the end of the financial year	Chief Officer Finance & Resources	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	Update April 2018: current likelihood changed from 5 to 4, changing risk ranking from 20 to 16. Risk level remains "High".
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	Update April 2018: No change
10	<i>Financial position of providers</i>	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 which could seriously impact on the delivery of the IJB's strategic plan.	Head of Business Development	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.	4	4	16	High	Update April 2018 - further uplift being made to providers, however, risk remains "High"
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 Officer Finance & Resources	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	Update April 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 Officer Finance & Resources	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	Update April 2018: No change.
9	<i>Funding for Scottish Living Wage</i>	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 Officer Finance & Resources	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	4	12	High	Update April 2018: current likelihood changed from 4 to 3. Risk ranking changed from 16 to 12. Current risk level remains "High".

IJB Risk Register (Page 2 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	
14	<i>Budget Settlement</i>	There is a risk that, as a result of the December 2017 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 the reserves of the IJB and ability to deliver the Strategic Plan.	Chief Officer Finance & Resources	4	5	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.	3	4	12	High	<b>Update April 2018:</b> current likelihood changed from 4 to 3 and consequence changed from 5 to 4, resulting in over all current risk level changing from "Very High" to "High" (from 20 to 12)

Social Work Risk Register (Page 1 of 5)													
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	
18	<i>Impact of Welfare Reform on citizens</i>	<b>There is a risk that</b> the implementation of welfare reform <b>will lead to</b> increased deprivation for the most vulnerable citizens, <b>thereby leading to</b> an increased demand for social work services including emergency payments, homelessness, welfare rights and general social work support. <b>This could affect</b> the ability of the service to meet demand.	Susanne Millar	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	Update April 2018: No change
28	<i>Impact of Abuse Inquiry</i>	<b>There is a risk that</b> the Scottish Child Abuse Inquiry <b>could result in</b> adverse legal, financial, reputational and operational impacts to the Service. These could arise from: - being unable to provide historical information requested by the Inquiry being perceived as the Service being ineffective or deliberately obstructive - the level of resources required to provide an appropriate response to the Inquiry's initial information request not being available/sustainable without impact on business as usual activity - an increase in claims for compensation being made due to increased media coverage of the Inquiry's processes - staff and service users required to provide evidence experiencing an adverse emotional impact as a result of recalling experiences which were or perceived to be traumatic.	Susanne Millar	5	4	20	Very High	- Internal team established to manage our input to the Inquiry. This team will liaise with the PR office accordingly. - Internal team includes legal representatives in order that we manage any claims. - Ongoing monitoring and review of resources utilised to facilitate the Inquiry. - Existing employee support mechanisms through HR. - Existing health and social care support services for service users.	5	4	20	Very High	Update April 2018: No change
6	<i>ICT security failure or breach</i>	<b>There is a risk that</b> ICT security fails <b>resulting in</b> loss/misuse of data, breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users <b>affecting</b> public and service user confidence	Sharon Wearing	5	5	25	Very 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. - Information sharing protocol with NHS G&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.	4	4	16	High	Update April 2018: CGI have taken over the Council's ICT from 1st April and the contract is managed via the Strategic Innovation and Technology (SIT) Team who are ensuring that security meets the Council's requirements. Significant work has been undertaken in preparation for the new data protection legislation in May - including comms, a mandatory training course and staff guidance. Secure data sharing tools including Sophos secure email and Objective Connect are now available.



Social Work Risk Register (Page 2 of 5)													
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	
10	<i>Service reform and budget &amp; service plan</i>	<b>There is a risk that</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. <b>This would have the impact of</b> necessitating potential drastic and unplanned cuts in order to realise the savings requirements <b>thereby</b> leaving services and service users vulnerable.	Sharon Wearing	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	Update April 2018: No change
27	<i>Changes to VISOR</i>	<b>There is a risk that</b> 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. <b>This could result in</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.	Susanne Millar	5	4	20	Very High	- Issue highlighted to Glasgow's Public Protection Chief Officers Group - Impact report completed by Social Work Scotland and further national work under consideration - Legal advice taken by HR advising no change to recruitment or employment policies - Sufficient staff currently vetted and able to make use of system in collaboration with MAPPA partners and responsible authorities	4	4	16	High	Update April 2018: No change
29	<i>Impact of workforce planning on statutory duties</i>	<b>There is a risk that</b> workforce planning/reduction in staffing levels and loss of skilled staff might compromise the Service's ability to deliver services and carry out its statutory duties, including: - Services to LA and LAAC children; - MHO duties; - Duties under S22 of the Children Scotland Act 1995; - Provision of children's hearings reports and reports to Court; - Duties in relation to Adults with Incapacity legislation; - Duties in relation to S12 of the Social Work Scotland Act 1968. <b>This could result in</b> service users not receiving services they're entitled to, and which leaves them at increased risk.	David Williams	5	4	20	Very High	- Trade Union liaison at strategic and local levels. - HSCP Workforce Planning Sub-group and Board chaired by Chief Officer (Finance & Resources) which feeds directly into the Executive Group and Leadership Team. It comprises Chief Officer (Planning, Strategy & Commissioning/CSWO), Chief Officer (Operations) and HR reps from SWS and NHS. Chief Officer (Planning, Strategy & Commissioning/CSWO) advises group of any potential risks in relation to staffing reductions. - Local performance management and supervision systems in place. - Workforce planning arrangements 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	Update April 2018: No change
31	<i>Carefirst Disaster Recovery arrangements</i>	The careFirst disaster recovery solution is in transition between the old solution and a new solution, and full implementation is dependent on new hardware which has not been ordered. 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, RESULTING in lack of full access to careFirst for staff and the significant business impacts that would have.	Sharon Wearing	4	4	16	High	ACCESS have been asked to confirm the current DR arrangements and give detailed assurances that DR would be available if required. ACCESS 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.	4	4	16	High	Update April 2018: Disaster Recovery hardware has been purchased, however the project has not been completed by ACCESS. Discussions are therefore required with CGI about the completion of this project, so the risk remains.

Social Work Risk Register (Page 3 of 5)													
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	
1	Health & Safety requirements	<b>There is a risk of</b> failure to meet statutory Health & Safety requirements. <b>This may result in</b> major loss of service through establishment fire, major catastrophe or infections; or singular catastrophic incidents <b>which could result in</b> death or serious injury of service users and/or staff.	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</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 <a href="#">is completed and new training course (Personal Safety) is in place</a></li> <li>- <a href="#">Legionella risk managed with the assistance of Property and Land Services (PALS).</a></li> </ul>	3	5	15	High	<a href="#">Update April 2018: Risk manager has updated control actions re completion of the Personal Safety training course and updated arrangements for the management of the legionella risk.</a>
11	MAPPA arrangements	<b>There is a risk that</b> the Glasgow MAPPA arrangements fail <b>resulting in</b> risk to Glasgow citizens from registered sex offenders	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> <li>- City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice.</li> <li>- MAPPA Strategic Oversight Group meets every 3 months</li> <li>- MAPPA Operational Group meets every 6 weeks</li> <li>- MAPPA national guidance</li> <li>- Multi agency Risk Register in place and standing item on the agenda of both meeting structures</li> <li>- NASSO meeting every quarter with RSL providers</li> <li>- Memorandum of Understanding in place between statutory agencies and reviewed annually</li> </ul>	3	5	15	High	<a href="#">Update April 2018: No change</a>
12	Child Protection arrangements	<b>There is a risk of</b> failure in the implementation of Child Protection procedures and arrangements <b>resulting in</b> increased and/or avoidable risk/harm to children and/or young people	David Williams	4	5	20	Very High	<ul style="list-style-type: none"> <li>- Child Protection Committee and sub groups meet regularly</li> <li>- Local area CP forums in place</li> <li>- Quarterly meeting of Chief Officers group</li> <li>- Management information produced and reviewed monthly at C&amp;F Core Leadership Group</li> <li>- 1/2 yearly LMR process overseen and coordinated by CP team</li> <li>- ASM structure providing QA, monitoring and objectivity to local practice</li> <li>- Robust single agency and multi agency training programme in place</li> </ul>	3	5	15	High	<a href="#">Update April 2018: No change</a>

Social Work Risk Register (Page 4 of 5)													
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	
13	Adult Protection arrangements	<b>There is a risk of</b> failure in the implementation of Adult Protection procedures and arrangements <b>resulting in</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 April 2018: No change
26	Financial position of External Providers Living Wage	<b>There is a risk that</b> the financial challenges faced by some provider organisations (in particular those providing sleepovers) to pay the Scottish Living Wage could destabilise them significantly, <b>resulting in</b> 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.	Sharon Wearing	3	5	15	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	4	12	High	Update April 2018: Additional resource made available will assist in this but not remove the risk. Work has commenced in consideration of the use of new technologies with a view to utilising as a replacement for care where appropriate. Change in current risk likelihood from 4 to 3, changing risk ranking from 16 to 12. Risk Level remains 'High'
33	Capital Projects - design issues	<b>There is a risk that the</b> resolution of design issues arising after the defect liability period has ended on capital project sites <b>could result in</b> an 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	Update April 2018: No change
3	Business Continuity arrangements	<b>There is a risk of</b> 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 <b>as a consequence of</b> exceptional, one-off and unexpected events such as strike action, pandemic flu, extreme weather events. <b>The impact of this</b> 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	4	4	16	High	- Business Continuity Plans for SWS functions in place based on Business Impact Analysis exercise completed in January 2017 - Industrial Relations Strategy in place. - Monthly meetings at Director level with senior Trade Union officials. - Business Continuity Reps identified in each service area require to be reviewed and updated following service reorganisation. To be completed by end of Jan 2018. - Business Continuity Working Group chaired by the service Business Continuity Champion (Head of Business Development) to be reconvened in Jan/Feb 2018 - Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC Compliance. SWS has fed into this process. - A plan for the implementation of comprehensive BCM framework across the HSCP to be developed. Aim is to have all updated BC plans ready for end of March 2018.	3	4	12	High	Update April 2018: Business Continuity Working Group reconvened with framework in place for additional meetings to cover Euro 2018 planning arrangements. BCPs should be updated by 1 June 2018.

Social Work Risk Register (Page 5 of 5)													
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	
5	Failure of External Providers	<b>There is a risk that</b> contractor/partner arrangements fail. <b>This may result in</b> a failure to deliver services appropriately with a provider or other agencies <b>leading to</b> 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 April 2018: No change
21	Capital Programme - Leithland site	<b>There is a risk that</b> resolution of outstanding design issues and adverse site conditions on the Leithland site <b>could result in</b> an operational and financial impact on SWS 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	Update April 2018: No change
22	Carefirst Contract Renewal	<b>There is a risk that</b> 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>resulting in</b> a lack of support from the supplier, potentially <b>affecting</b> 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	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.	3	4	12	High	Update April 2018: The OLM contract is being novated to CGI and the contract has not yet been renewed. We are therefore without a current contract. This has been escalated to the SIT Team.
30	Effectiveness of ICT systems	<b>There is a risk that</b> ICT systems used by Social Work Services are not fit for purpose, or fail which <b>would impact on</b> our ability to undertake statutory duties and meet business objectives (including the protection of and care for vulnerable children and adults). <b>One potential cause</b> is that the Glasgow City Council arrangements with ACCESS for the provision of ICT don't meet the specific needs of Social Work Services.	Sharon Wearing	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 - CareFirst is designated a Platinum system. - I-World has been designated Top Gold. - Service Level Agreements on availability for key systems with ACCESS. - Ongoing training programme. - Regular review and updating of systems and technologies to ensure compliance with technical strategy and supplier maintenance agreements.	3	4	12	High	Update April 2018: Governance arrangements for ICT projects are currently being reviewed to ensure they meet the needs of the Partnership, and in light of the Council's new ICT supplier. The terms of the new contract are not currently known, so this may be an increasing risk.

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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	Budget performance monitoring Prescribing monitoring, risk sharing across HSCP, prescribing plan to identify and generate savings if required	5	4	20	Very High	Update May 2018: No change
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	New Forensic Contract. Recent service review recommends further development of service model. To agree extending existing contract. Engaging procurement	4	4	16	High	No update received
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	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	Update May 2018: Manager updated to Susanne Millar
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	Recruitment arrangements. Succession and workforce planning.	4	4	16	High	Update May 2018: No change
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	Reviewing and strengthening the current service. Unscheduled Care Review will consider service changes to address this issue.	4	4	16	High	Update May 2018: No change
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	Action plan in place monitored by managers in preparation of reinspection in January 2018	4	4	16	High	Update May 2018: Manager updated from Alex MacKenzie to Jackie Kerr. 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.
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	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	Update May 2018: No change
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	4	20	Very High	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	3	9	Medium	Update May 2018: Current risk consequence reduced from 4 to 3, resulting in change in Risk Rating from 12 to 9 and Risk Level from High to Medium. Report has been submitted.
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	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	Update May 2018: No change
1429	Failure to meet Access/Discharge Targets	Failure to meet Access/discharge targets	Jackie Kerr	4	4	16	High	Working group established, Links with Social work, Funding, Continue to monitor/audit delayed discharges with acute	3	4	12	High	Update May 2018: 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
1431	External providers	External care providers not recognising health needs/ not seeking appropriate advice Impact of personalisation on staffing levels	David Walker	4	4	16	CLOSED	Provider training, professional specific advice, medication protocols, clear transfer of information into provider care plans, monitoring via Care Inspectorate Provider services to be monitored and reviewed by the Contract and Management and Commissioning Teams	3	4	12	CLOSED	Update May 2018: Risk to be removed as control actions have mitigated successfully against 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	Elaine Love	4	4	16	High	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	Update May 2018: No change
1435	Capital Developments - financial	Capital Developments- Insufficient revenue to cover on-going costs of projects	Sharon Wearing	4	4	16	High	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	Update May 2018: Manager updated to Sharon Wearing. No changes to Risk Level
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	Information sharing protocols have been developed with relevant agencies and the directorate regularly remind staff of their responsibilities	4	3	12	High	Update May 2018: Manager updated to Ann-Marie Rafferty. No changes to control actions or risk level
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	Business continuity plans , pandemic flu plans. Use of buddy system for staff.	3	4	12	High	Update May 2018: No change
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	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	Update May 2018: No change
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	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	Update May 2018: No change
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	Referral process, Staff supervision, Existing policies, procedures and guidelines. Inspection regimes- child protection	3	4	12	High	Update May 2018: Manager updated to Ann-Marie Rafferty. No changes to control actions or risk level