



Item No. 14

Meeting Date Wednesday 6th March 2019

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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RISK MANAGEMENT QUARTERLY UPDATE REPORT

Purpose of Report:	To provide an update to the IJB Finance, Audit and Scrutiny Committee on the status of the risk registers being maintained by the Glasgow City Health and Social Care Partnership.
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Background/Engagement:	The risk registers maintained by the Partnership are reviewed and updated by the relevant risk owners and managers according to the relevant policy frameworks. These are reported on a quarterly basis.
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Recommendations:	The IJB Finance, Audit and Scrutiny 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 that could impact on or prevent delivery of the priorities of the Strategic Plan are identified in the IJB Risk Register.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The establishment of and compliance with a risk management framework aligns with Outcome 9 (Resources are used effectively and efficiently in the provision of health and social care services).
Personnel:	Where risks arise from or impact on personnel this is identified in the risk registers.
Carers:	N/A
Provider Organisations:	Where risks arise from or impact on provider organisations this is identified in the risk registers.
Equalities:	N/A
Fairer Scotland Compliance:	Risk management assists in effective strategic decision making.
Financial:	Where risks arise from or impact on financial matters this is identified in the risk registers.
Legal:	Where risks arise from or impact on legal matters this is identified in the risk registers.
Economic Impact:	N/A
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	Risk implications for the IJB are detailed in the risk registers attached to this report
Implications for Glasgow City Council:	Risk implications for Glasgow City Council are detailed in the risk registers attached to this report
Implications for NHS Greater Glasgow & Clyde:	Risk implications for NHS GGC are detailed in the risk registers attached to this report

1. Purpose

- 1.1. The purpose of this report is to provide an update to the IJB Finance, Audit and Scrutiny Committee on the status of the risk registers currently maintained within the Partnership.

2. Integration Joint Board Risk Register

- 2.1. The Integration Joint Board Risk Register is maintained, updated and reported in line with the Glasgow City IJB Risk Management Policy.
- 2.2. The last quarterly review of this risk register was carried out in **October 2018**.
- 2.3. There were **no** risks recommended for closure since the last quarterly review.
- 2.4. There were **no** risks added to the register since the last quarterly review.
- 2.5. There were **no** risks on the register where the initial and current risk levels either increased or decreased since the last quarterly update review.
- 2.6. At the conclusion of the January 2019 review there were **14** 'live' risks on the register, with **4** risks having a current risk level of 'Very High', **4** risks with a risk level of 'High' and **6** risks with a risk level of 'Medium'.
- 2.7. All risks with a current risk level of 'Very High' or 'High' are reviewed every quarter, and these shown in Appendix A with any recent updates to these highlighted.
- 2.8. 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.
- 2.9. The final quarterly review of the IJB Risk Register in 2018/19 is scheduled to be carried out in **April 2019**.

3. Social Care Risk Register

- 3.1. The Social Care Risk Register is maintained, updated and reported in line with the Glasgow City Council Risk Management Policy and Guidance.
- 3.2. The last quarterly review of this risk register was carried out in **October 2018**.

- 3.3. There were **2** new risks added to the register since the last quarterly update report:
- HSCP-034: There is a risk that service users' community alarms may not function if their telephone lines are switched from analogue to digital. After mitigating actions this has been assessed with a residual probability of 2 (Unlikely) and impact of 5 (Catastrophic). The residual risk level is 10 (High).
 - HSCP-035: There is a risk that the interim disaster recovery solution for Carefirst may not operate as expected as it has not been tested. Testing of the interim solution would be costly and disrupt operations. This has been assessed as having a residual probability of 3 (Possible) and impact of 4 (Major).
- 3.4. There were **2** risks recommended for closure on the register since the last quarterly update report:
- HSCP-022: The risk of renewal of OLM contract not being concluded has been closed as CGI are now responsible for the annual renewal of the contract.
 - HSCP-031: The risk of a disaster recovery solution for Carefirst not being available has been closed as an interim solution has been implemented. This has not been tested however, so a new risk has been added in relation to this (see para 3.3)
- 3.5. There were **no** risks on the register where either the inherent or residual risk level increased since the last quarterly update report.
- 3.6. There were **2** risks on the register where the risk level decreased since the last quarterly update report:
- HSCP-006: The risk of loss/misuse/breach of data was fully re-assessed by the responsible officers and the residual probability was decreased from 4 (Likely) to 3 (Possible). This is due to the substantial preventative and mitigation controls in place around information security. The residual risk has therefore reduced from Very High to High. The description of this risk was also updated to reflect the risk to the HSCP.
 - HSCP-027: The inherent probability that the risk of changes to VISOR vetting requirements leading to losing access to the system has reduced from 5 (Almost Certain) to 4 (Likely). The inherent and levels of risk remain Very High.

- 3.7. At the conclusion of the January 2019 review, there were **29** 'live' risks on the register, with **7** risks having a current risk level of 'Very High', **11** 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. **10** 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 final quarterly review of the Social Care Risk Register in 2018/19 is scheduled to be carried out in **April 2019**.

4. Health Risk Register

- 4.1. The Glasgow City Health Risk Register is currently maintained, updated and reported in line with the NHS GGC Risk Management Policy, and collates the most significant risks as identified in locality and service risk registers. The register was last scheduled to be updated in **October 2018**.
- 4.2. The ongoing issue of appropriate system access for the Risk & Litigation Manager who is responsible for reviewing and providing the Health Risk Register quarterly update means a comprehensive update is not available this quarter.
- 4.3. The currently available information about the status of the highest risks on Health Risk Register that have most recently been reviewed is included in Appendix A, however it should be noted that this may not be up to date.
- 4.4. The final quarterly review of the Health Risk Register in 2018/19 is scheduled to be carried out in **April 2019**.

5. Recommendations

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

IJB Risk Register													
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	January 2019: 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	January 2019: 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	January 2019: 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	January 2019: 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	January 2019: 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	January 2019: The Chief Officer has been identified as co-chair of the Unscheduled Care workstream for the Health Board's MFT programme . This will involve substantial investment of time and HSCP resource to deliver on behalf of the whole Board area.

IJB Risk Register

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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	January 2019: 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	January 2019: No change

Social Care Risk Register													
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>RISK: that the implementation of welfare reform will lead to increased deprivation for the most vulnerable citizens, thereby leading to an increased demand for social work services including emergency payments, homelessness, welfare rights and general social work support.</p> <p>CAUSE: Welfare Reform</p> <p>EFFECT: reduced ability to meet demands on our services</p>	Susanne Millar	5	5	25	Very High	<ul style="list-style-type: none"> - 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. - Briefings on Universal Credit arranged 	5	4	20	Very High	Update January 2019: No change
HSC P-028	Impact of National Abuse Inquiry	<p>RISK: that the Scottish Child Abuse Inquiry could result in adverse legal, financial, reputational and operational impacts to the Service.</p> <p>CAUSE: These could arise from:</p> <ul style="list-style-type: none"> - 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. <p>EFFECT: Reputational damage</p>	Susanne Millar	5	4	20	Very High	<ul style="list-style-type: none"> - 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 January 2019: No change

Social Care Risk Register

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>RISK: of failure to meet statutory Health & Safety requirements CAUSE: personnel EFFECT: 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"> - 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. - Departmental Health & Safety Policy & manuals - Fire safety management system. - H&S risk assessment processes, e.g. fire, legionella, alarms etc. - H&S respond to all audit and inspection requirements. - Emergency procedures in place for all service user accommodation - Range of H&S training in place e.g. Fire Wardens, Manual Handling etc. - Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place. - Monitoring of claims. - Managing Violence at Work Policy Document and monitoring of Violent Incident reports, this monitoring has identified the need to review the Violence training for Fieldwork staff, this review is currently underway with a target date of 6 weeks - Legionella risk managed with the assistance of CGI. 	4	4	16	Very High	<p>Update January 2019: Former Cordia staff have come into the Service and require to be integrated into the Service Safety Management System. This will require the service's H&S Standards to be reviewed to include this staff group. The management group that have come from Cordia require training and development for the Service Safety Management System to comply with the Service and Council Safety Management system.</p>
HSC P-003	Business Continuity arrangements	<p>RISK: Failure of or disruption to facilities, infrastructure or staff affecting delivery of mainstream and out-of-hours services. CAUSE: 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. EFFECT: 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"> - Industrial Relations Strategy in place. - Monthly meetings at Director level with senior Trade Union officials. - Business Continuity Reps identified in each service area - Business Continuity Working Group chaired by the service Business Continuity Champion (Head of Business Development) meets quarterly - Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC Compliance. SWS has fed into this process. - 2018 Business Continuity lifecycle is being actioned by the Working Group - Business Impact Analyses have been completed across the HSCP - Actions arising from GCC Internal Audit are not fully complete - 2 actions remain outstanding. HSCP has advised Internal Audit of revised timescale of March 2019. 	4	4	16	Very High	<p>Update January 2019: Level of risk remains unchanged while BCPs from service remain outstanding. HSCP Resilience have been carrying out desktop exercises with South SMT and GP Practice Managers. Exercises planned for NE and NW in February 2019. Business Continuity development session being planned for Children's Residential services. HSCP has provided RTO information to CGI via SIT for DR planning.</p>
HSC P-010	Budget & Service Plan	<p>RISK: 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. CAUSE: EFFECT: 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"> - 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	Very High	<p>Update January 2019: No change</p>

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				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
HSC P-027	VISOR vetting requirements	<p>RISK: that changes to the vetting requirements for new and existing VISOR users at a national level, which are incompatible with the council's recruitment and employment policies will lead to the service losing access to the system.</p> <p>CAUSE: changes to the vetting requirements for new and existing VISOR users at a national level which are incompatible with current recruitment policies</p> <p>EFFECT: 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	4	4	16	Very High	<ul style="list-style-type: none"> - 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	Very High	Update January 2019: Inherent probability reduced from 5 (Almost Certain) to 4 (Likely). Inherent risk score reduces from 20 to 16, however remains a Very High risk.
HSC P-029	Workforce planning/reduction	<p>RISK: that workforce planning/reduction in staffing levels and loss of skilled staff might compromise the Service's ability to deliver services and carry out its statutory duties, including:</p> <ul style="list-style-type: none"> - 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. <p>CAUSE:</p> <p>EFFECT: 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"> - 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	Very High	Update January 2019: (JK) Adult Services note that new recruitment is planned for MHOs and additional staff have been recruited to support SDS reviews.
HSC P-011	MAPPA	<p>RISK: Glasgow MAPPA arrangements fail</p> <p>CAUSE:</p> <p>EFFECT: risk to Glasgow citizens from registered sex offenders</p>	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> - City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice. - MAPPA Strategic Oversight Group meets every 3 months - MAPPA Operational Group meets every 6 weeks - MAPPA national guidance - Multi agency Risk Register in place and standing item on the agenda of both meeting structures - NASSO meeting every quarter with RSL providers - Memorandum of Understanding in place between statutory agencies and reviewed annually 	3	5	15	High	Update January 2019: No change
HSC P-012	Child Protection procedures	<p>RISK: failure in the implementation of Child Protection procedures and arrangements</p> <p>CAUSE:</p> <p>EFFECT: increased and/or avoidable risk/harm to children and/or young people</p>	David Williams	4	5	20	Very High	<ul style="list-style-type: none"> - Child Protection Committee and sub groups meet regularly - Local area CP forums in place - Quarterly meeting of Chief Officers group - Management information produced and reviewed monthly at 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 January 2019: No change

Social Care Risk Register

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-013	Adult Protection procedures	RISK: failure in the implementation of Adult Protection procedures and arrangements CAUSE: EFFECT: 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 January 2019: No change
HSC P-005	Impact of failure of third parties partners	RISK: contractor/partner arrangements fail CAUSE: EFFECT: 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 January 2019: No change
HSC P-006	Failure of ICT security	RISK: Loss/misuse/breach of health and social care data within our responsibility CAUSE: IT system security failure, human error, hostile actor (internal or external) EFFECT: breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users affecting public and service user confidence	Allison Eccles	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 NHSGG&C in place. - All ICT developments progressed through project management methodology which includes risk logs and Data Protection 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. - Secure email blueprint (including TLS) and secure data sharing facilities now available - Protective Marking to be rolled out in SWS in 2019 - Site and Information Security Audit programme in place for SWS establishments and services - Containment process in place for accidental email breach - Staff briefings on data protection (GDPR) and information security briefings issued regularly - Use of is2a and/or is2b procedure and forms for staff removing data from offices	3	4	12	High	Update January 2019: Full review of this risk has been carried out by the risk managers. Risk description has been changed from "IT security failure" to "loss of data" to reflect the risk to the HSCP. Causes and effects of this risk have been identified. Shirley Ann Moore added as a risk manager. Control Actions reviewed and updated to reflect all prevention and mitigation currently in place. Residual probability reduced from 4 (Likely) to 3 (Possible) to reflect substantial controls. Overall residual risk reduced from 16 (very High) to 12 (High).
HSC P-017	Older People Residential Strategy - Transition arrangements	RISK: that the transition between current and new care homes is not managed effectively CAUSE: EFFECT: 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	Update January 2019: No change
HSC P-021	Costs arising outwith the original agreed tender agreement	RISK: resolution of outstanding design issues and adverse site conditions on the Leithland site CAUSE: EFFECT: 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	Update January 2019: No change

Social Care Risk Register													
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-030	Suitability or failure of ICT systems	<p>RISK: ICT systems used by SWS (including Home Care Services) for the delivery of statutory duties are not fit for purpose or are not maintained</p> <p>CAUSE: Glasgow City Council arrangements with CGI for the provision of ICT don't meet the specific needs of Social Work Services, ex-Cordia IT staff now in CGI are moved to non-Cordia system work or leave the organisation resulting in loss of expertise and system knowledge.</p> <p>EFFECT: impact on delivery of statutory duties, service users/public/vulnerable people come to harm, significant reputational, financial and operational harm to the organisation, efficiency savings become more difficult to achieve.</p>	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	Update January 2019: Shirley Ann Moore added as a risk manager. Risk description reviewed and updated to include identified causes and effects. No change to level of inherent or residual risk level.
HSC P-033	Building defects that are the subject of either litigation or ongoing contractor disputes.	<p>RISK: the resolution of design issues arising after the defect liability period has ended on capital project sites</p> <p>CAUSE:</p> <p>EFFECT: 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.</p>	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 January 2019: No change
HSC P-035	Carefirst Disaster Recovery	<p>RISK: Interim DR solution for Carefirst may not operate as expected</p> <p>CAUSE: Interim DR solution cannot be tested without either extended downtime or considerable cost</p> <p>EFFECT: Major disruption to operations, essential information not available possibly leading to harm for service users, staff or the public and/or failure to carry out statutory duties</p>	Allison Eccles	3	4	12	High	- Continuing to liaise with SIT regarding implementation of a more robust and tested solution	3	4	12	High	NEW RISK ADDED JANUARY 2019
HSC P-034	Community Alarms affected by telephone provider(s)	<p>RISK: Service user(s) community alarms do not function as required due to telephone line being switched from analogue to digital</p> <p>CAUSE: Telephone providers such as BT/Virgin switching customer line from analogue to digital, Provider not having information about which customers have community alarms that rely on telephone line being analogue</p> <p>EFFECT: service user unable to activate alarm, service user comes to serious harm or fatality, significant reputational, legal and financial harm to the organisation, loss of trust from public on the effectiveness of community alarms, may impact on delivery strategic priorities of the organisation.</p>	Frances McMeeking	3	5	15	High	- Service will share telephone numbers of all community alarm service users with the telephone providers (BT, Virgin etc) to ensure their records are correct and up to date. - Service will write to all Community Alarm service users to advise that if they are changing their telephone provider they must let them know that there is an alarm dependant on the line and it cannot be converted to a digital line otherwise their alarm will not function properly	2	5	10	High	NEW RISK ADDED JANUARY 2019

Extract of highest, most recently reviewed Health risks (Datix, 22 January 2019)

ID	Manager	Title	Description	Controls in place	Likelihood (current)	Consequence (current)	Rating (current)	Risk level (current)	Review date
1428	Groden, Richard	Prescribing costs	Prescribing costs exceeding the allocated budget threatening HSCP services	Budget performance monitoring HSCP Prescribing Monitoring Group chaired by D Walker that supports budget monitoring	5 - Will undoubtedly recur, possibly frequently	4 - Major	20	Very High	01/04/2019
2341	Forsyth, Ann	Shortage of Staff - Team Leader	Shortage of staff - team leader - compromising ability to deliver service	Recruitment arrangements (delayed) Service manager covering Team Leader duties with support from junior staff where grade appropriate	5 - Will undoubtedly recur, possibly frequently	4 - Major	20	Very High	31/12/2018
2080	Kerr, Jacqueline	Shortage of staff (Prison Healthcare)	Recruitment and retention of prison care workforce as identified in HMP inspection	Action plan in place monitored in preparation for re-inspection in Jan 2018	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High	10/01/2018
2081	Smith, Michael	System Change	Rapid system change and in particular staff turnover is a recognised factor potentially compromising patient safety.	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 - Will probably recur, but is not a persistent issue	4 - Major	16	High	05/03/2018
2354	Macleod, Rhoda	Uplift of Clinical Waste	Difficulties have arisen as Police Scotland's contractor are no longer fulfilling contract. This has led to clinical waste bags and sharps bins being stockpiled in stations.	Situation being monitored each time a member of staff is in individual stations.	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High	14/01/2019
1418	Wearing, Sharon	Financial HSCP Wide	Failure to deliver transformation programmes in 2017/18 which may result in not meeting financial targets.	Regular financial monitoring at Sector and HSCP level. Reviewing and reforming of services as part of savings plans to meet targets	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High	05/03/2018
1324	Rafferty, Ann-Marie	Critical Failure of Care	Critical Failure of Care leading to harm to service user (including suicide, child protection, adult support and protection)	Referral processes Staff Supervision Existing Policies, Procedures and Guidelines Inspection Regimes - child protection	3 - May recur occasionally	5 - Extreme	15	High	31/05/2016
1706	Wearing, Sharon	Implementation of the 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	Different model of procurement administration and modelling in development in consultation with provider organisations. Aims to find different ways of working focussing on outcomes as opposed to inputs and make best overall use of resources whilst delivering efficiencies	3 - May recur occasionally	4 - Major	12	High	05/03/2018
1417	Canavan, Sybil	Shortage of Staff	Future Shortage of appropriate/competent staff e.g. retirement compromising the ability to deliver service	Recruitment arrangements. Succession and workforce planning.	3 - May recur occasionally	4 - Major	12	High	05/03/2018
1511	Groden, Richard	GP practices	Glasgow City HSCP may experience local GMS practice unable to fulfil its contractual obligations requiring intervention and support sometimes at short notice	Developing a response "toolkit" for practices "in distress" and seeking support in terms of an initial assessment and what might be offered by way of further in depth assessment and identifying a suitable range of responses. Developing an approach to pro-actively identify/support practices that might be approaching an "in distress" state, including mechanisms and possible responses	3 - May recur occasionally	4 - Major	12	High	05/03/2018

Extract of highest, most recently reviewed Health risks (Datix, 22 January 2019)

ID	Manager	Title	Description	Controls in place	Likelihood (current)	Consequence (current)	Rating (current)	Risk level (current)	Review date
1429	Kerr, Jacqueline	Failure to meet Access/Discharge Targets	Failure to meet Access/discharge targets	Working group established, Links with Social work, Funding, Continue to monitor/audit delayed discharges with acute	3 - May recur occasionally	4 - Major	12	High	05/03/2018
1431	Walker, David	External providers	External care providers not recognising health needs/ not seeking appropriate advice Impact of personalisation on staffing levels	Provider training, professional specific advice, medication protocols, clear transfer of information into provider care plans, monitoring via Care Inspectorate. Provider services to be monitored and reviewed by the Contract and Management and Commissioning Teams	3 - May recur occasionally	4 - Major	12	High	05/03/2018