



Item No. 14

Meeting Date Wednesday 24th April 2019

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: Allison Eccles, Head of Business Development
Contact: Steven Blair, Senior Officer, Business Development
Tel: 0141 287 6752

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 within the Glasgow City Health and Social Care Partnership. This report covers the review carried out in March 2019 in respect of changes to risk in the quarter ending March 2019.
---------------------------	---

Background/Engagement:	The risk registers maintained within the Partnership are required to be regularly reviewed and updated by the relevant risk owners and risk managers, and reported to this Committee on a quarterly basis.
-------------------------------	--

Recommendations:	The IJB Finance, Audit and Scrutiny Committee are asked to: a) Review the content of this report, and; b) Note the current highest risks on the Integration Joint Board, Social Work and Health risk registers.
-------------------------	---

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:

Reference to National Health & Wellbeing Outcome:	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).
Personnel:	Personnel risks are identified in the risk registers.
Carers:	N/A
Provider Organisations:	Risks in relation to Provider Organisations are identified in the risk registers
Equalities:	N/A
Fairer Scotland Compliance:	N/A
Financial:	Financial risks are identified in the risk registers
Legal:	Legal impacts of risks are identified in the risk registers
Economic Impact:	Economic impact of risks are identified in the risk registers
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	Risk implications are detailed in the risk registers
Implications for Glasgow City Council:	Risk implications to partner bodies are detailed in the risk registers
Implications for NHS Greater Glasgow & Clyde:	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 IJB Finance, Audit and Scrutiny Committee on the status of the risk registers being maintained within the Glasgow City Health and Social Care Partnership.
- 1.2. This report covers the review carried out in March 2019 in respect of changes to risk in the quarter ending March 2019.

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 **January 2019**.
- 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 first quarterly review of the IJB Risk Register in 2019/20 is scheduled to be carried out in **June 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 **January 2019**.
- 3.3. There were **18** new risks added to the register since the last quarterly update report. The amount of new risks is due to the transfer of risks from the Cordia Service Risk Register, and the addition of risks in relation to EU Exit. These new risks which have a current risk assessment of Very High or High are shown in Appendix A to this report.
- 3.4. There were **11** risks recommended for closure on the register since the last quarterly update report. These were risks that were transferred from the Cordia Service Risk Register and, on review by the Chief Officer Planning Strategy and Operations and the Chief Officer Finance and Resources, were identified as no longer relevant or part of risks already identified on the Social Care Risk Register.
- 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 **no** risks on the register where the risk level decreased since the last quarterly update report.
- 3.7. At the conclusion of the January 2019 review, there were **47** 'live' risks on the register, with **11** risks having a current risk level of 'Very High', **15** risks with a risk level of 'High', **14** risks with a risk level of 'Medium' and **7** 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. All 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 first quarterly review of the Social Care Risk Register in 2019/20 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 reviewed in **January 2018**.

- 4.2. The review carried out in March 2019 identified a number of issues with the service level risks on Datix. These include:
- There is significant duplication of recorded risk on Datix particularly around staff and skills shortages, records management, business continuity and I.T failure risks.
 - There are gaps in information in recorded risks, particularly the sub-speciality and manager/risk owner of risks.
 - The last report in January 2018 identified only 14 risks at service level. All of these are present on the current listing attached and the current level of risk has not changed in the last year.
 - Some of the recorded risks are very out of date and perhaps no longer exist at all or are much reduced if developments reported as being in the future but from almost 3 years ago were completed as planned.
- 4.3. The Risk and Litigation Manager has identified actions that require to be carried out to resolve issues identified during this substantial review:
- Risk Owners will be contacted and asked to fully update risks they have recorded on Datix, including a robust analysis of the control actions and risk assessments
 - Liaison with the Health Board's Data Protection Officer regarding the large number of recorded risks in relation to data quality, IT security and records management.
 - Liaison with the Governance Support Officer and the Datix management team in the Health Board to ensure updates are carried out, to eliminate duplication of risks and improve data quality.
- 4.4. 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.
- 4.5. The first quarterly review of the Health Risk Register in 2019/20 is scheduled to be carried out in **June 2019**.

5. Recommendations

- 5.1. 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.

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	March 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	March 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 deliver 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. - Financial Outlook developed to assist with planning over the medium term	5	4	20	Very High	March 2019: Additional item added to Control Actions (medium term planning)
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. - costs associated with harmonisation of terms and conditions continue to be monitored where these are uniquely identifiable - some areas are difficult to identify due how they are recorded within IT systems.	5	4	20	Very High	March 2019: Additional item added to Control Actions (monitoring and difficulties arising from IT systems)
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	March 2019: No change

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	
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	March 2019: No change
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	March 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	March 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 March 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 March 2019: No change
SCP-0	Equal Pay Strategy	<p>RISK: Significant impact on capacity of home care service provision throughout the city as a result of equal pay. Risk of harm.</p> <p>CAUSE: Number of care staff are in scope and have made a claim against GCC. Funding timelines are key.</p> <p>EFFECT: May impact on wider health and social care system within hospitals, community settings and current service users.</p>	Frances McMeeking	5	5	25	Very High	<ul style="list-style-type: none"> - Detailed action plan has been drafted and in place. Project Group meet weekly to explore recruitment and future staffing issues - Project group consisting of GCC and HSCP officers has been implemented and activity includes implementing recruitment campaign and staff engagement strategy. 	4	5	20	Very High	<p>Update Mar 2019: Risk Treatment updated from Transfer to Treat. Residual probability reduced from 5 (Almost Certain) to 4 (Likely) - residual risk remains Very High. Additional item added to Control Actions (establishment of project group)</p> <p>Update Feb 2019: Transferred to HSCP Social Care Risk Register 21/02/2019. Risk ID changed from CORDIA 60 to HSCP-051.</p>

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</p> <p>CAUSE: personnel</p> <p>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	Update March 2019: No change
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.</p> <p>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.</p> <p>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	Update March 2019: No change
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.</p> <p>CAUSE:</p> <p>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	Update March 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-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 March 2019: No change
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 March 2019: Service has proactively recruited Children & Families social workers and Mental Health officers to cope with demand.
SCP-056	Increased Care Services absence levels	<p>RISK: If staff absence rates increase beyond target levels then staffing levels will become critical</p> <p>CAUSE: Staff absence levels. Risk is enhanced due to ageing profile of Cordia workforce and equal pay settlement</p> <p>EFFECT: Impact to financial budgets to achieve acceptable levels of service delivery.</p>	Frances McMeeking	4	4	16	Very High	<ul style="list-style-type: none"> - Attendance Management team established within HR. This team details all aspects of absence management, including the control and recording of all data in relation to absence. Management Information Systems detail reports to cover all aspects of absence management process. In addition, case reviews are held regularly. Management of Absence Action Plan plots progress in developments in this area and is reviewed annually. - Heads of Service have established an attendance management group to review strategy and recommend updates and improvements with target for action plan - Full briefing on new absence policy has been delivered via Toolbox Talks with supervisory and management staff. - Data cleansing of attendance levels has been carried out - Equal Pay project has reducing absence as an objective and is included in the group's action plan. 	4	4	16	Very High	<p>Update Mar 2019: Head of HR added to responsible officers. Control Actions updated to include additional items (briefing, data cleansing, equal pay project). Risk Treatment changed from Transfer to Treat.</p> <p>Update Feb 2019: Transferred to HSCP Social Care Risk Register 21/02/2019. Risk ID changed from CORDIA 14 to HSCP-056.</p>

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-011	MAPPA	RISK: Glasgow MAPPA arrangements fail CAUSE: EFFECT: 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 March 2019: No change
HSC P-012	Child Protection procedures	RISK: failure in the implementation of Child Protection procedures and arrangements CAUSE: EFFECT: 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 March 2019: No change
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 March 2019: No change
SCP-0	Staff Registration with SSSC	RISK: Failure of relevant staff to register with SSSC prior to summer 2020 CAUSE: Legislation requires that all relevant staff within Care Services must be registered by this date EFFECT: Inadequate staffing numbers which will impact on service provision	Frances McMeeking	5	5	25	Very High	- Currently engaging with SSSC and trade Union representatives to take a proactive approach to support staff/potential staff throughout the registration process.	3	5	15	High	Update Mar 2019: Head of HR added to responsible officers. Residual probability and impact scores swapped around to correct error from before risk transfer. Risk remains Very High. Risk Treatment updated from Transfer to Treat. Update Feb 2019: Transferred to HSCP Social Care Risk Register 21/02/2019. Risk ID changed from CORDIA 61 to HSCP-054.
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 March 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-006	Failure of ICT security	<p>RISK: Loss/misuse/breach of health and social care data within our responsibility</p> <p>CAUSE: IT system security failure, human error, hostile actor (internal or external)</p> <p>EFFECT: 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"> - 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 March 2019: No change
HSC P-017	Older People Residential Strategy - Transition arrangements	<p>RISK: that the transition between current and new care homes is not managed effectively</p> <p>CAUSE:</p> <p>EFFECT: impact on levels of care provided affecting vulnerable service users.</p>	Stephen Fitzpatrick	3	5	15	High	<ul style="list-style-type: none"> - Capital Programme Governance arrangements. - Development of transition strategy. - Establishment of city-wide reference group for service users. 	3	4	12	High	Update March 2019: Risk Manager has provided details of future activity in relation to care home transition

Extract of HSCP/Health risks from Datix (28 March 2019)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
				Likelihood	Consequences	Risk Rating		Risk Level	Likelihood	Consequences		Risk Rating	Risk Level
2462	First Aid at Work Certification	Due to lack of refresher training, pageholders First Aid at Work Certificates are expiring.	Phillips, Katrina	5	5	25	Very High	NHS GGC H&S procuring training provider	5	5	25	Very High	Update March 2019: Requires review by Risk Owner
2464	Shortage of admin staff compromising Ability to Deliver Service	Recruitment arrangements delay process of appointing staff Fixed Term contracts due to admin review making posts difficult to fill No Bank staff available	T.B.C	5	5	25	Very High	2 sessions per week from ADRS ARBD to cover staff breaks New Admin TL covering duties with support from Band 4 where grade appropriate Senior admin meeting every 2 weeks to monitor work and risk areas	5	5	25	Very High	Update March 2019: Requires review by Risk Owner
1428	Prescribing costs (Financial)	Prescribing costs exceeding the allocated budget threatening HSCP services	Nugent, John	5	4	20	Very High	Budget performance monitoring HSCP Prescribing Monitoring Group chaired by D Walker that supports budget monitoring	5	4	20	Very High	Update March 2019: Requires review by Risk Owner
2458	Perinatal Mental Health Access to Badgernet	Perinatal Mental Health staff cannot access Badgernet, impacting on information available when undertaking liaison or ward visits.	McNeill, Fiona	5	4	20	Very High	Pregnancy plan can be uploaded to badgernet so available to other professionals Letters can be uploaded to Clinical Portal Discussion with Supplier nationally re Perinatal Module for system Explore EDT link to Badgernet	5	4	20	Very High	Update March 2019: Requires review by Risk Owner
1048 and 2456	Psychological Therapies	Risk of targets not continuing to be met because of increase in workload. Risk of deterioration of clients health due to lack of psychology services	McNeill, Fiona	5	4	20	Very High	Psychological Therapies Project Group Finance requires approval needed by CHP. Clients are seen by CMHT / Crisis Team , but may result in admission	5	4	20	Very High	Update March 2019: Requires review by Risk Owner
341, 1044, 1320, 1349, 1417, 1709, 2080, 2341, 2414 and 2459	Shortage of Healthcare Staff / difficulty in recruitment / retention	Shortage of appropriate / competent staff and higher caseload holding compromises the ability to deliver service, assess clients and measure risk. Increases possibility of adverse events, complaints and claims. Increased costs of agency / overtime payments.	T.B.C	5	5	25	Very High	General controls: Recruitment arrangements. Succession planning. Contingency arrangements. Adjustment to caseload management. Local arrangements: South HV report All team leads have completed a document outlining how vacant caseloads are being covered, reduction in recruitment bureaucracy, posts being offered as flexible hours to encourage part time staff, all suitable staff being interviewed are offered existing vacant posts or posts anticipated to become vacant. Prisons report action plan in place monitored in preparation for re-inspection in Jan 2018. Homeless Report: Service manager covering admin TL duties and new team leader x 2 requiring induction. In terms of Homeless HV, cover from mainstream service and bank whilst recruitment proceeding. Sandyford report (1) Staff rotas and full time administrators; (2) Policies and procedures for reporting absence; (3) Flexible movement of staff and/or patients to alternative services; (4) Triage system in place to determine if priority conditions.	5	4	20	Very High	Update March 2019: Requires review by Risk Owner
1348	Saving Plan (Financial)	Failure to deliver savings plan in 2014/15 and 2015/16 which may result in overspend which will need to be met in future years from increased savings.	Wearing, Sharon	4	4	16	High	Regular financial monitoring and reporting at Sector and CHP level, including Performance Scrutiny Group.	4	4	16	High	Update March 2019: Requires review by Risk Owner
1418	Transformation Programme (Financial)	Failure to deliver transformation programmes in 2017/18 which may result in not meeting financial targets.	Wearing, Sharon	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 March 2019: Requires review by Risk Owner
2081	System Change	Rapid system change and in particular staff turnover is a recognised factor potentially compromising patient safety.	Smith, Michael	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 March 2019: No change
2354	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.	Macleod, Rhoda	4	4	16	High	Situation being monitored each time a member of staff is in individual stations.	4	4	16	High	Update March 2019: No change
2457	Adult Admission Demand Pressures	Risk of demand exceeding capacity for adult admission beds	McNeill, Fiona	4	4	16	High	local contingency plans use of beds across system when required escalation process	4	4	16	High	Update March 2019: Requires review by Risk Owner

Extract of HSCP/Health risks from Datix (28 March 2019)															
			Initial Risk Level				Current Risk Level								
2463	Supply of Enteral Feeding Products	Shortage of supply of enteral feeding products, may be exacerbated due to Brexit	Mitchell, Anne	4	4	16 High	Escalated to NHS GGC Brexit Group	4	4	16 High	Update March 2019: No change				
1621	Inappropriate disposal of IV drug use equipment in Bridgeton Health Centre.	Inappropriate disposal of IV drug use equipment. IV drug users are disposing of waste (including sharps) within public conveniences within Bridgeton Health Centre. Incidents have recently spiked, due to a local injecting site being secured and locked off.	Dover, Gary	5	3	15 High	Security staff on site doing checks/ walk rounds of areas such as toilets, baby change facilities, on a regular basis between 8.30am – 6.30pm each day. The public toilets are designed in such a way as to deter people from using them for IV drug use and concealing drug paraphernalia, blue lighting system in place - has toggle switch so can be switched 'off' for events such as cleaning, panels in place behind the toilet to prevent access to the toilet cistern, no paper towel dispenser in place - hand dryers instead, awareness posters in place etc. Maintenance Assistant / Caretaking staff across NHSGG&C have been issued with 'Ampel Probe' grippers, to enable safe no-touch lifting of sharps and appropriate sharps containers are in place and used for disposal of such items when found. Local written step by step guide for safe removal of needles or sharp items in place – see attached. A local written procedure (risk assessment and flowchart) is in place for any spillage / contamination of blood or body fluids which includes what action is required, what equipment / cleaning materials are required and the procedure for an emergency situation. A planned preventative maintenance programme is established within the premises / service, with the aim of ensuring all areas / equipment are maintained to a high standard of general cleanliness (e.g. cleaning, inspection, maintenance, audit etc.). Local Police include the Health Centre as part of patrol, visiting numerous times per day, due to levels of crime in local area and the rise in reported incidents within toilets involving IV drug users. The arrangements for local patrols are not managed by NHSGG&C therefore daily visits by local Police are not guaranteed. Local Pharmacy issue '1 hit kits' – these include 10x '1 hit kits' and 1x sharps box. This is to encourage the IV drug user to use the kits and dispose of in the sharps box provided. Information provided to IV drug	5	3	15 High	workload prioritisation	5	3	15 High	Update March 2019: Requires review by Risk Owner
2460	MHO Pressures	Pressure on MHO activity due to on-going vacancies and staff turnover	Phillips, Katrina	5	3	15 High	Referral processes Staff Supervision Existing Policies, Procedures and Guidelines Inspection Regimes - child protection	3	5	15 High	Update March 2019: Requires review by Risk Owner				
1324 and 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)	Rafferty, Ann-Marie	3	5	15 High	a) Annual review process identified and promoted b) Regular monthly overview to HOS about current picture	4	3	12 High	Update March 2019: Requires review by Risk Owner				
1018	Lack of staff compliance with KSF review process	a) The organisation has no record of demonstrable competence of staff to undertake role and function b) Staff learning and development requirement are not prioritised in relation to job role and function	Quinn, Tom	4	3	12 High	Meetings with NHS Lanarkshire Assessment of financial exposure and impact on services	4	3	12 High	Update March 2019: Requires review by Risk Owner				
1330	Service Change - Lanarkshire (Financial)	Boundaries with NHS Lanarkshire - financial controls and service provision across boundary	Rafferty, Ann-Marie	5	3	15 High	Monitoring arrangements in place for bulk of current projects. Evaluation of all projects in process.	3	4	12 High	Update March 2019: Requires review by Risk Owner				
1351	Change Fund (Financial)	Change Fund and Integrate Care Fund - The Change Fund in Glasgow (£7.9M) will end on 31st March 2015. The Integrated Care Fund will not be a direct replacement and there is the prospect that some funded projects will be unable to continue. There is likely to be pressure to maintain funding for some projects and provide interim financial support to others.	Wearing, Sharon	3	4	12 High					Update March 2019: Requires review by Risk Owner				

Extract of HSCP/Health risks from Datix (28 March 2019)													
			Initial Risk Level				Current Risk Level						
1405	Funding of Police Custody service	Increased cost of implementing new nurse led service whilst still funding medical input leaves the board in a position where there is a financial gap in central funding vs cost of service which means local board has to invest top up towards this model in initial phase of service. This potentially could lead to the board being unable to meet full service requirement in the future. update 7/2/17 Service continues to operate within allocated budget.	Macleod, Rhoda	3	3	9	Moderate	Board will ensure robust mechanisms are in place to capture relevant data on service capability going forward. Will aim to develop confidence and ability of nurse led service to impact on future costs. Update 7/2/17 - operational management team continue to look at model options going forward to optimise service delivery.	3	4	12	High	Update March 2019: Requires review by Risk Owner
1439	MAPPA - Failures in Information Governance arrangements	Sensitive or confidential information is inappropriately shared resulting in adverse media impact and loss of public confidence	Rafferty, Ann-Marie	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 March 2019: Requires review by Risk Owner
1511	GP practices	Glasgow City HSCP may experience local GMS practice unable to fulfil its contractual obligations requiring intervention and support sometimes at short notice	Nugent, John	5	4	20	Very High	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	4	12	High	Update March 2019: Requires review by Risk Owner
1590	Lack of progress in relation to development of the Adastra system due to lack of funding	Anticipated improvements and reporting aspects of Police Custody Adastra system have not been progressed due to lack of funding. Improvements awaited include Methadone deferred dispatch, updating rating scales and prescribing capabilities, lack of bespoke reporting capabilities also an issue.	McNeill, Fiona	3	4	12	High	Continue to participate in national IT meetings discussing above issues. Locally looking at taking forward with associated cost if no national funding is made available, have requested cost attached to same.	3	4	12	High	Update March 2019: Requires review by Risk Owner
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	Smith, Michael	4	4	16	High	Liaison with NES regarding recruitment, reviewing service configuration and employing Locum staff when necessary	3	4	12	High	Update March 2019: Requires review by Risk Owner
1705	Mental Health inpatient beds	Lack of beds (especially IPCU) in Greater Glasgow and neighbouring Boards impairs patient access to appropriate care	Smith, Michael	4	4	16	High	Robust bed management system to highlight problems proactively in time to resolve	3	4	12	High	Update March 2019: Requires review by Risk Owner
1706	Implementation of the living wage (Financial)	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	Wearing, Sharon	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	4	12	High	Update March 2019: Requires review by Risk Owner
1708	Winter Planning Primary Care	Seasonal difficulties for GP practices which may occur due to severe weather conditions, staff shortages and increased demands	Nugent, John	4	4	16	High	Business continuity plans to be in place for each practice. Pandemic flu plans including buddy arrangements for practices also to take place and regularly reviewed. Monitoring of demand on practices also to take place as part of winter planning monitoring arrangements	3	4	12	High	Update March 2019: No change
1336, 1355 and 1321	Business Continuity planning invoked / Major Incident	Business Continuity - Service interruption due to unavoidable incidents, damage to facilities, loss of power or IT services, staffing shortages caused by industrial action, adverse weather or major widespread illness impacting on the ability to deliver services.	T.B.C	3	4	12	High	Business Continuity plans in place across services, with co-ordination via the Partnerships Business Continuity Group and Board-wide Civil Contingencies Group.	3	4	12	High	Update March 2019: Requires review by Risk Owner
1340 and 1429	Failure to meet Access / Discharge Targets	Failure to meet Access / Discharge Targets	Kerr, Jacqueline	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 March 2019: Requires review by Risk Owner
1354, 1426 and 1435	Capital developments (Financial)	Affordability of capital developments. Insufficient revenue to cover ongoing costs of projects. Suitability of accommodation to meet future needs	Wearing, Sharon	3	4	12	High	Governance structures in place to minimise risk, Risk register within project identifies costs associated with risk at regular intervals, Risks escalated though capital governance structure, ongoing discussions with Social Work	3	4	12	High	Update March 2019: Requires review by Risk Owner

Extract of HSCP/Health risks from Datix (28 March 2019)											
			Initial Risk Level				Current Risk Level				
1404 and 1406	Medical and CME input to Police Custody service	A new regional model of CME input was implemented April 2016, this presented a risk in relation to its ability to deliver a full service and the associated costs that will arise. This aspect of service has been highlighted as increasingly fragile due to more Drs removing themselves from rota. Currently rota is being covered by four individuals, two of whom have indicated that they may not be in a position to continue after June 2016. Update 7/2/17- current providers have committed to covering rota till end of March 2017. WOS boards have agreed to proposing direct award request to provide service post this date, awaiting outcome of this procurement aspect of process. Failure to agree medical input to the NHS police custody healthcare service would lead to the Board failing to provide the full agreed service to Police Scotland. Current suppliers contract has been extended to 29 February 2016 to allow for slippage in tendering process. Update 26-04-16-Tendering process now complete and contract awarded to provider who commenced service provision 1st March 2016. New providers have raised an issue with Sexual assault aspect of contract they are providing. If challenge to carrying out this aspect of contract is pursued / successful it would leave the service at risk of not being able to fulfil all aspects of agreed service to Police Scotland. update 7/2/17-In general service provision is maintained without issues, whilst concerns from FP group continue around Archway cover, contract management meetings set up to	Macleod, Rhoda	3	4	12 High	The provision of CME service and fragility of current rota has been highlighted as high risk. Local management and clinical leads are looking at options available to maintain service provision. Update 7/2/17- As above working with procurement to ensure provision in place post March 17.	3	4	12 High	Update March 2019: Requires review by Risk Owner
1431 and 1342	External providers	External care providers not recognising health needs/ not seeking appropriate advice Impact of personalisation on staffing levels	T.B.C	4	4	16 High	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. NHS input into personalisation process. More robust use of service concern forms	3	4	12 High	Update March 2019: Requires review by Risk Owner

Extract of HSCP/Health risks from Datix (28 March 2019)

		Initial Risk Level			Current Risk Level						
1434, 1353, 1326, 1335, 1337, 1427 and 1434	Clinical Record Management - Failures in data transfer / data security / record storage and tracking / and breaches of confidentiality / data errors	(1) Errors in clinical information or data transfer delay leading to medication errors or failings in care and treatment of an individual. (2) Sensitive personal information (paper, I.T or USB) being inappropriately disclosed in error. (3) Lack of consistent and documented procedure for the storage and destruction of community health records.(4) Reported insufficient resource to both manage the records given volume of records within the Sector requiring management, and to administer the processes which need to be followed. (5) Admin staff locally dealing with records are at risk of error due to competency issues and the lack of training available to adequately manage records. There is a lack of knowledge of the Records Management Policies, Data Protection Policy, Access to Health Records Act 1990, IT Security Policy across Primary Care and Community Services.(6) A number of tracking systems are in place to record movement of records across the Sectors, these can vary from paper records to excel sheets hosted on the shared drive. Due to the lack of supported IT Systems, these are no linked in the same way Mental Health Records tracking systems are, therefore this means it is extremely difficulty and time consuming to track a record to individual locations. (7) variation is standard of storage facilities and security from site to site. (8) Failure of awareness and application by staff of retention policy. Potential for complaints, litigation and reputational harm arise in respect of all of these	T.B.C	4	4	16 High	Guidelines and protocols in place. Audits of practice by clinical teams. Review in progress of current arrangements. Organisational Policies for Encryption, Safe Handling of Information. Training via LearnPro Module. Reported lack of resource for records management to be factored into the Admin Review (Phase 2). Admin Managers have implement local systems and processes . Recommendations made on storage facilities to be locked rooms, with keypad or manual key locks and controlled access. Notes of records transferred – staff at each based asked to index contents of each box, with one copy being kept at base and records admin staff checking contents on receipt of box to ensure no loss of records. External mailing – sent by Royal Mail Recorded delivery with a receipt slip to be filled in by recipient and sent back to admin to record on system. Documented on transfer out database. External Archiving – box level records kept with details of records per box when sent to Storage Company. Records of barcoded boxes and contents sent by Storage Company to Administration Managers and Admin Staff on an ongoing basis. Staff keeping records of contents of box and working to Retention and Destruction guidance. Internal Audits – security checklist for keeping of records to be undertaken. Internal Mail – Transferred as per the Guidance on Handling Personal Identifiable Data. Staff members have awareness of Guidance re Handling Personal Identifiable Data. Staff members have undertaken Sharing Information Learnpro Module	3	4	12 High	Update March 2019: Requires review by Risk Owner
1623 and 1669	NMC Revalidation	There is a risk if the registrant does not submit the relevant Revalidation documentation or NMC fees before their due date as their registration will automatically lapse and they will be unable to practice. Staff will be suspended without pay where the registrant has been negligent in allowing their registration to lapse and need to apply to be reinstated to the NMC register before being able to practice as a nurse	T.B.C	4	4	16 High	Regular updates on Revalidation awareness sessions available. Information on NMC website. Standing item on staff meetings. Local NMC databases. SSTS database in development which will link staff pay number to date of revalidation	4	3	12 High	Update March 2019: Requires review by Risk Owner
338 and 1325	IT Failure	IT Failure including failure to access key data or record data or limitation on communications	T.B.C	4	4	16 High	Contingency Plan. Back up Server. Mobile phones. Sandyford reports: Daily check that servers are operational. Log faults with ATOS helpdesk. NASH	3	4	12 High	Update March 2019: Requires review by Risk Owner
1519	Failure of Premises Security Contract	Risk of external security contractor not locking up health centres as contracted	Dover, Gary	4	5	20 Very High	service contract regular review meetings with contractor management New contractor appointed	2	5	10 High	Update March 2019: Requires review by Risk Owner