Glasgow City
Integration Joint Board
Finance and Audit Committee

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RISK MANAGEMENT QUARTERLY UPDATE REPORT

Purpose of Report:	To provide an update to the Finance and Audit Committee on the status of the risk registers being maintained within the Glasgow City Health and Social Care Partnership.

Background/Engagement:	The risk registers maintained within the Partnership are reviewed and updated by the relevant risk owners and risk managers, and reported on a quarterly basis.

Recommendations:	The IJB Finance and Audit Committee is asked to: a) review the content of this report; b) note the current highest risks on the Integration Joint Board, Social Work and Health risk registers, and; c) approve the recommended update and correction to the IJB Risk Management Policy Framework on behalf of the IJB.

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

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 Integrated Joint Board Finance and Audit Committee on the status of the corporate risk registers currently maintained within the Partnership.

2.   Integration Joint Board Risk Register

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

2.2.   The risk owners have recommended the removal of **3** items:

- Ref 5: The risk that negative staff perception of integration may lead to an adverse effect on engagement/buy-in to the new Partnership has been closed. The risk owner reports that the risk is no longer relevant given the success of the control actions and passage of time.
- Ref 9: The risk of Scottish Government funding to cover the Scottish Living Wage not being sufficient has been closed. The risk owner reports that this issue has now been resolved.
- Ref 13: The risk of financial challenge due to the required level of savings in 2017/18 has been closed. The risk owner reports that this risk is no longer applicable.

2.3.   There were **4** items added to the register since the last quarterly update:
- Ref 16: There is a risk of loss of resources due to the timing and/or value of the equal pay settlement, particularly in relation to resources transferring from Cordia. This could result in loss of workforce and loss of capacity to deliver services. The risk owner recommended that this enters the risk register as a 'High' risk, however was subsequently upgraded to 'Very High' following review by the HSCP SMT on 8 August.
- Ref 17: There is a risk of a lack of appropriate business support resources transferring to the HSCP from Cordia. This could result in reduced capacity of business support to the HSCP. This risk owner has recommended that this enters the risk register as a 'Very High' risk.
- Ref 18: There is a risk of inability to deliver services due to the required level of savings in 2019/20 and beyond. This could result in failure to meet demand for services and failing to ensure safety of and prevent harm to service users. The risk owner has recommended that this enters the risk register as a 'Very High' risk.
- Ref 19: There is risk of inability to forecast financial position due to lack of information about the costs associated with harmonisation of terms & conditions arising from the transfer of Cordia staff to the HSCP. This could result in significant additional expenditure that is

currently unknown. The risk owner has recommended that this enters the register as a 'Very High' risk.

2.4.   There was **1** item on the register where the initial and current risk increased since the last quarterly update report:
  - Ref 11: The current likelihood risk of the IJB function being disrupted due to an unexpected event affecting people, property or infrastructure has increased from 2 (Unlikely) to 3 (Possible). This is due to changes around the property landlord function, the equal pay settlement and the findings of the annual GCC Internal Audit into business continuity arrangements across the Council. The overall risk level remains as Medium.

2.5.   There were **2** items on the register where the current or inherent risk decreased since the last quarterly update report:
  - Ref 14: The risk that the December 2017 budget will result in settlements worse than those previously planned for and requiring additional savings has reduced from High to Medium. This is because the current likelihood of this risk occurring has reduced from 3 (Possible) to 2 (Unlikely).
  - Ref 15: The risk of financial challenge due to the required level of savings in 2018/19 has reduced from High to Medium. This is because the current likelihood of this risk occurring has reduced from 3 (Possible) to 2 (Unlikely).

2.6.   At the conclusion of the June 2018 review there were **14** 'live' risks on the register, with **4** items having a current risk level of 'Very High', **5** items with a risk level of 'High' and **5** items with a risk level of 'Medium'.

2.7.   All items with a current risk level of 'High' or 'Very High' are reviewed every quarter, with the most recent updates to these shown in Appendix A.

2.8.   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 next quarterly review of the IJB Risk Register in 2018/19 is scheduled to be carried out in **October 2018**. A workshop to undertake a full in depth review of the IJB Risk Register took place on 2 August 2018, the results of which will be reported to the October IJB.

3.   Social Work Risk Register

3.1.   The last quarterly review of this risk register was carried out in **April 2018**.

3.2.   There were **no** new risk items added to the register since the last quarterly update report.

3.3.   There was **1** item removed from the register since the last quarterly update report:

- Ref GCHSCP32: The risk of failure to negotiate the contract for delivering out of hours Social Work Services has been closed as the risk owner reports that the work has concluded.

3.4.   There was **1** item on the register where the initial risk increased since the last quarterly update report:

- Ref GCHSCP03*:* Recent incidents highlighted that some plans were not fit for purpose and a recent GCC Internal Audit concluded that there was "limited assurance" that robust business continuity arrangements across the Council were in place. Residual probability increased from 3 to 4 whilst recommended actions are carried out.

3.5.   There was **1** item on the register where the current risk decreased since the last quarterly update report:

- Ref GCHSCP01: The risk of failure to meet statutory Health & safety requirements has had preventative control actions updated to reflect improved management of the risk. Residual probability decreased from 5 to 4.

3.6.   At the conclusion of the June 2018 review, there were **30** 'live' risks on the register, with **2** items having a current risk level of 'Very High', **16** items with a risk level of 'High', **12** items with a risk level of 'Medium' and **1** item with a risk level of 'Low'.

3.7.   All items with a current risk level of 'High' or 'Very High' are reviewed every quarter, with the most recent updates to these shown in Appendix A.

3.8.   Items with a current risk level of 'Medium' or 'Low' are reviewed less regularly in line with the risk management policy. **12** of these items were reviewed by the risk manager during this quarterly review, and their current risk level was assessed to be accurate.

3.9.   The next quarterly review of the Social Work Risk Register in 2018/19 is scheduled to be carried out in **October 2018**.

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 scheduled to be updated in **June 2018**.

4.2.   The Health Risk Register is being reviewed to revise current risks and determine new risk owners. This is still work in progress and therefore no update is currently available

4.3.   The next quarterly review of the Health Risk Register in 2018/19 is scheduled to be carried out in **October 2018**.

5.   Additional Risk Management information

5.1.   Glasgow City Council carried out its annual internal audit of risk management arrangements across Council services in early 2018. The final audit report was published in May 2018. The audit found that there was "reasonable level of assurance" about the risk management arrangements in place, with one recommendation for action. This was completed in July 2018.

5.2.   Following a review of the risk management reporting procedure, it has been agreed that the risk registers will be reviewed by the Strategy, Operations and Resources Group (SORG) on a quarterly basis prior to reporting to the SMT and the IJB Finance and Audit Committee. This will require minor amendments to paras 3.1.9 and 9.2 of the IJB Risk Management Policy Framework. The proposed amendments are included in Appendix B to this report.

5.3.   The current version of the IJB Risk Management Policy Framework document approved in January 2018 by the IJB contains a numbering error where paragraph references do not match the corresponding section reference. This is due to an error in Section 1 of the document and should be corrected. The proposed correction is included in Appendix B to this report.
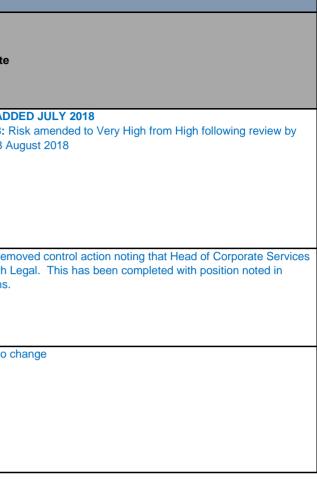
6.   Recommendations

6.1.   The IJB Finance and Audit Committee is asked to:

a) note the contents of this report;
b) note the current highest risks on the Integration Joint Board, Social Work and Health Risk Registers, and;
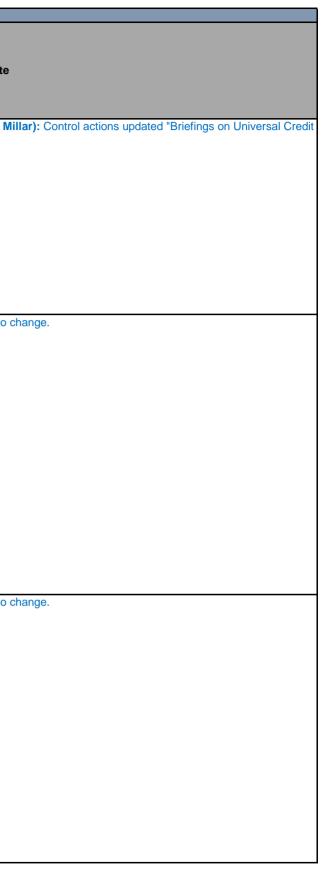c) approve the recommended update and correction to the IJB Risk Management Policy Framework on behalf of the IJB.

				Initial Risk Level						Current Risk Level				
Ref	Title	Description of Risk	Risk Owner	Likelihood	Consequence	Risk Rating	Risk Level	Control Actions	Likelihood	Consequence	Risk Rating	Risk Level	Latest Update
17	*Transfer of Cordia Services - resources*	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	**NEW RISK ADDED JULY 2018**
18	*Level of savings required in 2019/20 and beyond*	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	**NEW RISK ADDED JULY 2018**
19	*Transfer of Cordia Services - terms and conditions*	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	**NEW RISK ADDED JULY 2018**
2	*Delivery of Strategic Plan within budget*	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	**July 2018:** No change
6	*Partners' governance arrangements*	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	**July 2018:** No change
10	*Financial position of providers*	There is a risk that the financial challenges faced by some provider organisations (in particular those providing sleepovers) to pay the Scottish Living Wage could destabilise them significantly, resulting in a threat to the continuity of services. This could create issues in the availability of appropriate provision for our service users which could seriously impact on the delivery of the IJB's strategic plan.	Head of Business Development	4	5	20	Very High	- We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. - Ensure timeous regular payment to provider organisations - Ensure that the payment of the additional funding for the Scottish Living Wage is made timeously - Proof of concept work with providers will enable us to ensure that as far as possible we have lean processes in our dealings with providers and that we can co-produce new ways of working to ensure efficiency.	4	4	16	High	**July 2018:** The requirement to pay the SLW for sleepovers has provided some concern from providers in terms of being able to provide staff for waking nights in particular in relation to the working time directive. We are working with providers in relation to sourcing alternatives to sleepver arrangements where appropriate and sourcing appropriate technologies.

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				Initial Risk Level						Current Risk Level				
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Ref	Title	Description of Risk	Risk Owner	Likelihood	Consequences	Risk Rating	Risk Level	Control Actions	Likelihood	Consequences	Risk Rating	Risk Level	Latest Update	
16	*Transfer of Cordia Services - equal pay settlement*	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	**NEW RISK ADDED JULY 2018** **August 2018:** Risk amended to Very High from High following review by the SMT on 8 August 2018	
8	*Differing terms and conditions*	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	**July 2018:** Removed control action noting that Head of Corporate Services will check with Legal. This has been completed with position noted in control actions.	
3	*Resources required for integration*	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	**July 2018:** No change	

				Initial Risk Level					Current Risk Level				
				Social Work Risk Register (Page 1 of 5)									
Ref	Title	Description of Risk	Risk Owner	Likelihood	Consequences	Risk Rating	Risk Level	Control Actions	Likelihood	Consequences	Risk Rating	Risk Level	Latest Update
GCH SCP18	*Impact of Welfare Reform on citizens*	**There is a risk that** the implementation of welfare reform **will lead to** increased deprivation for the most vulnerable citizens, **thereby leading to** an increased demand for social work services including emergency payments, homelessness, welfare rights and general social work support. **This could affect** the ability of the service to meet demand.	Susanne Millar	5	5	25	Very High	- Contribution to the corporate welfare reform group; - Effective communications with service users and other stakeholders; - Information dissemination on rights to appeal; - Appeals packs for service users developed; - Welfare Reform training delivered to 3rd sector. - Key messages have been refreshed and disseminated again widely in line with the current stage of reform. - Significant further training has been provided to voluntary sector organisations. - Linkages with the Scottish Welfare Fund has resulted in a significant increase in the number of people appealing benefit sanctions. - Briefings on Universal Credit arranged	5	4	20	Very High	**July 2018 (S Millar):** Control actions updated "Briefings on Universal Credit arranged"
GCH SCP28	*Impact of Abuse Inquiry*	**There is a risk that** the Scottish Child Abuse Inquiry **could result in** adverse legal, financial, reputational and operational impacts to the Service. These could arise from: - being unable to provide historical information requested by the Inquiry being perceived as the Service being ineffective or deliberately obstructive - the level of resources required to provide an appropriate response to the Inquiry's initial information request not being available/sustainable without impact on business as usual activity - an increase in claims for compensaton being made due to increased media coverage of the Inquiry's processes - staff and service users required to provide evidence experiencing an adverse emotional impact as a result of recalling experiences which were, or perceived to be, traumatic.	Susanne Millar	5	4	20	Very High	- Internal team established to manage our input to the Inquiry. This team will liaise with the PR office accordingly. - Internal team includes legal representatives in order that we manage any claims. - Ongoing monitoring and review of resources utilised to facilitate the Inquiry. - Existing employee support mechanisms through HR. - Existing health and social care support services for service users.	5	4	20	Very High	**July 2018:** No change.
GCH SCP6	*ICT security failure or breach*	**There is a risk that** ICT security fails **resulting in** loss/misuse of data, breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users **affecting** public and service user confidence	Sharon Wearing	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 Privacy Impact Assessments are undertaken as required. - The majority of devices are now encrypted and authorisation process in place for unencrypted devices. - Disclosure process in place for PSN compliance. Secure email piloted and will be rolled out alongside protective marking.	4	4	16	High	**July 2018:** No change.

				Initial Risk Level						Current Risk Level				

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Ref	Title	Description of Risk	Risk Owner	Likelihood	Consequences	Risk Rating	Risk Level	Control Actions	Likelihood	Consequences	Risk Rating	Risk Level	Latest Update
GCH SCP10	*Service reform and budget & service plan*	**There is a risk that** the Department's service reform and Budget and Service Plan programmes fail to deliver the required outcomes in terms of delivery of statutory duties; service modernisation and financial savings. **This would have the impact of** necessitating potential drastic and unplanned cuts in order to realise the savings requirements **thereby** leaving services and service users vulnerable.	Sharon Wearing	5	4	20	Very High	- Fortnightly Integration Transformation Board meetings - Weekly Executive Group meetings to approve critical progress issues - CSWO led SMT's in both Adult and Children and family Services review and progress - Performance Management Framework incorporating City-wide, local and care group performance reporting - Regular planned and structured liaison with providers re changes - Service User engagement - Trade Union liaison at strategic and local levels	4	4	16	High	**July 2018:** No change.
GCH SCP27	*Changes to VISOR*	**There is a 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. **This could result in** the service being less able to manage offenders who pose high risk of serious harm to the public, with subsequent legal and reputational on the service.	Susanne Millar	5	4	20	Very High	- Issue highlighted to Glasgow's Public Protection Chief Officers Group - Impact report completed by Social Work Scotland and further national work under consideration - Legal advice taken by HR advising no change to recruitment or employment policies - Sufficient staff currently vetted and able to make use of system in collaboration with MAPPA partners and responsible authorities	4	4	16	High	**July 2018 (S Millar):** No change
GCH SCP29	*Impact of workforce planning on statutory duties*	**There is a 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: - 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. **This could result in** service users not receiving services they're entitled to, and which leaves them at increased risk.	David Williams	5	4	20	Very High	- Trade Union liaison at strategic and local levels. - HSCP Workforce Planning Sub-group and Board chaired by Chief Officer (Finance & Resources) which feeds directly into the Executive Group and Leadership Team. It comprises Chief Officer (Planning, Strategy & Commissioning/CSWO), Chief Officer (Operations) and HR reps from SWS and NHS. Chief Officer (Planning, Strategy & Commissioning/CSWO) advises group of any potential risks in relation to staffing reductions. - Local performance management and supervision systems in place. - Workforce planning arrngaements for care groups being finalised. - Training and development programme for MHOs in place. - New AWI protocols agreed at HSCP and SWS Governance Groups - Regular updated workforce planning monitoring reports (by Locality) for all care groups in place.	4	4	16	High	**July 2018 (JK):** no change
GCH SCP31	*Carefirst Disaster Recovery arrangements*	The careFirst disaster recovery solution is in transition between the old solution and a new solution, and full implementation is dependent on new hardware which has not been ordered. IF careFirst fails THEN there is a risk that the disaster recovery solution may not be available at all, or may take a number of days to arrange, RESULTING in lack of full access to careFirst for staff and the significant business impacts that would have.	Sharon Wearing	4	4	16	High	CGI has been asked to confirm the current DR arrangements and give detailed assurances that DR would be available if required. CGI have been asked to ensure that the necessary hardware is purchased as soon as possible, but this is a Corporate project, so requires agreement from Governance. This will be pursued as soon as relevant information is received.	4	4	16	High	**July 2018:** DR is being transferred to a CGI data centre in Wales in July, and the new careFirst DR equipment is being built there. This is expected to conclude by the end of August.

				Initial Risk Level						Current Risk Level				

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Ref	Title	Description of Risk	Risk Owner	Likelihood	Consequences	Risk Rating	Risk Level	Control Actions	Likelihood	Consequences	Risk Rating	Risk Level	Latest Update
GCH SCP3	*Business Continuity arrangements*	**There is a risk of** an inability to respond to needs for services on a 24 hour basis due to failure of or disruption to facilities or staff affecting mainstream and out-of-hours services. This is **as a consequence of** exceptional, one-off and unexpected events such as strike action, pandemic flu, extreme weather events. **The impact of this** is that service users in significant numbers across the city may not be able to receive a continuing service for a limited period of time.	Susanne Millar	4	4	16	**High**	~~- Business Continuity Plans for SWS functions in place based on Business Impact Analysis exercise completed in January 2017~~ '- Industrial Relations Strategy in place. '- Monthly meetings at Director level with senior Trade Union officials. '- Business Continuity Reps identified in each service area ~~require to be reviewed and updated following service reorganisation. To be completed by end of Jan 2018.~~ '- Business Continuity Working Group chaired by the service Business Continuity Champion (Head of Business Development) meets quarterly ~~to be reconvened in Jan/Feb 2018~~ '- Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC Compliance. SWS has fed into this process. ~~'- A plan for the implementation of comprehensive BCM framework across the HSCP to be developed. Aim is to have all updated BC plans ready for end of March 2018.~~ - 2018 Business Continuity lifecycle is being actioned by the Working Group - Actions arising from GCC Internal Audit require to be carried out. To be completed by October 2018.	4	4	16	**High**	**July 2018:** Services were required to be instructed, via their representatives on the BCWG, to complete BIAs and BCPs. This was due to be completed by end of June 2018, however many are still outstanding. Recent incidents resulting in loss of infrastructure have demonstrated that existing plans for the affected sites were not fit for purpose, and that OOH services did not have ICT service cover. GCC carried out an Internal Audit of the BC arrangements for SWS in the HSCP and concluded there was limited assurance in the arrangements due to lack of completed plans and the quality of the plans that have been submitted. The Business Continuity Champion will be leading an action plan to action the recommendations of the audit report and to ensure all necessary plans are completed before the testing/exercising phase of the lifecycle commences (aiming to start this in October 2018) Control actions updated and residual likelihood increased from 3 to 4.
GCH SCP11	*MAPPA arrangements*	**There is a risk that** the Glasgow MAPPA arrangements fail **resulting in** 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**	**July 2018 (S Millar):** No change
GCH SCP12	*Child Protection arrangements*	**There is a risk of** failure in the implementation of Child Protection procedures and arrangements **resulting in** increased and/or avoidable risk/harm to children and/or young people	David Williams	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**	**July 2018:** Control actions updated to show that management information is reviewed at CP QA sub-group. Risk Manager has confirmed that this is now a standing agenda item of this group.

				Initial Risk Level						Current Risk Level				
Ref	Title	Description of Risk	Risk Owner	Likelihood	Consequences	Risk Rating	Risk Level	Control Actions	Likelihood	Consequences	Risk Rating	Risk Level	Latest Update
GCH SCP13	*Adult Protection arrangements*	**There is a risk of** failure in the implementation of Adult Protection procedures and arrangements **resulting in** increased or avoidable risk/harm to vulnerable adults	David Williams	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 traiing 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**	**July 2018:** No change.
GCH SCP1	*Health & Safety requirements*	**There is a risk of** failure to meet statutory Health & Safety requirements. **This may result in** major loss of service through establishment fire, major catastrophe or infections; or singular catastrophic incidents **which could result in** death or serious injury of service users and/or staff.	Christina Heuston	4	5	20	**Very High**	- Service is a member of the Council's Asbestos Strategic Management Group that montors 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 Abestos 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 esxposure. '- 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.	3	4	12	**High**	**July 2018:** Risk manager has updated control actions re completion of the Personal Safety training course and updated arrangements for the management of the legionella risk. As a result, the residual risk likelihood has decreased from 5 to 4, reducing the residual risk ranking from 16 to 12. Risk level remains "High".

GCH SCP26	*Financial position of External Providers Living Wage*	**There is a risk that** the financial challenges faced by some provider organisations (in particular those providing sleepovers) to pay the Scottish Living Wage could destabilise them significantly, **resulting in** a threat to the continuity of services. This could create issues in the availability of appropriate provision for our service users and have a negative reputational impact on the Partnership.	Sharon Wearing	3	5	15	**High**	- We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. - Ensure timeous regular payment to provider organisations - Ensure that the payment of the additional funding for the Scottish Living Wage is made timeously - Proof of concept work with providers wil lenable us to ensure that as far as possible we have lean processs in our dealings with providers and that we can co-produce new ways of working to ensure efficiency.	3	4	12	**High**	**July 2018:** No change.
GCH SCP5	*Failure of External Providers*	**There is a risk that** contractor/partner arrangements fail. **This may result in** a failure to deliver services appropriately with a provider or other agencies **leading to** a failure to care/protect service users	Susanne Millar	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**	**July 2018:** No change.
GCH SCP33	*Capital Projects - design issues*	**There is a risk that the** resolution of design issues arising after the defect liability period has ended on capital project sites **could result in** an operational and health & safety impacts on the HSCP, as well as the potential for litigation with a contractor and/or a financial risk to GCC and the wider new build capital programme.	Sharon Wearing	3	4	12	High	- Capital Programme Governance arrangements. - Regular monitoring of contract by DRS Project Team. - Reporting to Social Work Capital Board. - Reporting to Council Capital Board. - Corporate partners working to develop viable solutions which will be evaluated through the governance process.	3	4	12	High	**July 2018:** No change.

				Initial Risk Level						Current Risk Level				

<div align="center">Social Work Risk Register (Page 5 of 5)</div>

Ref	Title	Description of Risk	Risk Owner	Likelihood	Consequences	Risk Rating	Risk Level	Control Actions	Likelihood	Consequences	Risk Rating	Risk Level	Latest Update
GCH SCP21	*Capital Programme - Leithland site*	**There is a risk that** resolution of outstanding design issues and adverse site conditions on the Leithland site **could result in** an operational and financial impact on SWS programme.	Sharon Wearing	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**	**July 2018:** No change.
GHS CP22	*Carefirst Contract Renewal*	**There is a risk that** the renewal of the OLM contract will not be concluded by the 31st of March and the current proposal for a standard one year extension will not meet the business needs and cost significantly more than a partnership contract **resulting in** a lack of support from the supplier, potentially **affecting** all areas of social work services if careFirst fails and cannot be fixed by ACCESS, and additional costs to the Council, and decreasing the ability to implement transformational change for the Health and Social Care Partnership	Sharon Wearing	4	4	16	**High**	- ACCESS are dealing with the contract renewal, and the concerns around the implications of the current situation have been raised with Senior Management.	3	4	12	**High**	**July 2018:** No change.
GCH SCP30	*Effectiveness of ICT systems*	**There is a risk that** ICT systems used by Social Work Services are not fit for purpose, or fail which **would impact on** our ability to undertake statutory duties and meet business objectives (including the protection of and care for vulnerable children and adults). **One potential cause** is that the Glasgow City Council arrangements with CGI for the provision of ICT don't meet the specific needs of Social Work Services.	Sharon Wearing	4	4	16	**High**	- Carefirst and ICT Strategy Board (4 weekly) - Carefirst Technical Board (4 weekly) - CGI and supplier both present at the above meetings) - ICT Operational meeting now in place - Development of maintenance of pipeline plan - CareFirst is designated a Platinum system. - I-World has been designated Top Gold. - Service Level Agreements on availability for key systems with CGI. - Ongoing training programme. - Regular review and updating of systems and technologies to ensure compliance with technical strategy and supplier maintenance agreements.	3	4	12	**High**	**July 2018:** No change.

				Initial Risk Level					Current Risk Level				
Ref	Title	Description	Manager	Likelihood	s	Risk Rating	Risk level	Controls in place	Likelihood	s	Risk Rating	Risk level	Latest Update

Health Risk Register (Page 1 of 2)

Ref	Title	Description	Manager	Likelihood	s	Risk Rating	Risk level	Controls in place	Likelihood	s	Risk Rating	Risk level	Latest Update
1428	Prescribing costs- Financial	Prescribing costs exceeding the allocated budget threatening HSCP services	Richard Groden	5	4	20	Very High	Budget performance monitoring☐ Prescribing monitoring, risk sharing across HSCP, prescribing plan to identify and generate savings if required	5	4	20	Very High	
1670	Medical and Nursing cover	There is a risk that there is not enough medical and nursing cover for Sexual Assault Examinations provided by Archway and that contracted Forensic Physicians are unable to fill the gap	Rhoda MacLeod	5	4	20	Very High	New Forensic Contract. Recent service review recommends further development of service model. To agree extending existing contract. Engaging procurement	4	4	16	High	
1418	Financial HSCP Wide	Failure to deliver transformation programmes in 2017/18 which may result in not meeting financial targets.	Susanne Millar	5	4	20	Very High	Regular financial monitoring at Sector and HSCP level. Reviewing and reforming of services as part of savings plans to meet targets.	4	4	16	High	
1417	Shortage of Staff	Future Shortage of appropriate/competent staff e.g. retirement compromising the ability to deliver service.	Sybil Canavan	4	4	16	High	Recruitment arrangements. Succession and workforce planning.	4	4	16	High	
1704	Court Liaison	Lack of cover for the Court Liaison services cause delay in assessing with apparent MH problems in the system. This may lead to complaints from the Court System	Michael Smith	4	4	16	High	Reviewing and strengthening the current service. Unscheduled Care Review will consider service changes to address this issue.	4	4	16	High	
2080	Shortage of Staff Prison Health care	Recruitment and retention of workforce within prison health care as identified in HMP Inspection	Jackie Kerr	4	4	16	High	Action plan in place monitored by managers in preparation of reinspection in January 2018	4	4	16	High	
2081	System Change	Rapid system change and in particular staff turnover is a recognised factor potentially compromising patient safety.	Michael Smith	4	4	16	High	Local governance arrangements and clinical networks created as part of the patient safety programme will help monitor and manage change, sharing findings with local mangers and HSCP systems as appropriate	4	4	16	High	
1706	Financial risk - implementation of Scottish Living Wage	There is a risk that the funding provided by the Scottish Government to cover the Scottish Living Wage is not sufficient, creating a financial challenge which could lead to reputational issues to the Partnership	Sharon Wearing	5	4	20	Very High	Different model of procurement, administration and modelling in development in consultation with provider organisations. Aims to find different ways of working focussing on outcomes as opposed to inputs and make best overall use of resources whilst delivering efficiencies.	3	4	12	High	
1511	GP practices	Glasgow City HSCP may experience a local GMS practice unable to fulfil its contractual obligations, requiring intervention and support sometimes at short notice	Richard Groden	5	4	20	Very High	Developing a response "toolkit" for vulnerable practices and seeking support in terms of an initial assessment and what might be offered by way of further in depth assessment and identifying a suitable range of responses.☐ Developing an approach to pro-actively identify/support practices that might be approaching a vulnerable state, including mechanisms and possible responses	3	4	12	High	
1429	Failure to meet Access/ Discharge Targets	Failure to meet Access/discharge targets	Jackie Kerr	4	4	16	High	Working group established, Links with Social work, Funding, Continue to monitor/audit delayed discharges with acute	3	4	12	High	

				Health Risk Register (Page 2 of 2)									
				Initial Risk Level					Current Risk Level				
Ref	Title	Description	Manager	Likelihood	s	Risk Rating	Risk level	Controls in place	Likelihood	s	Risk Rating	Risk level	Latest Update
1431	*External providers*	External care providers not recognising health needs/ not seeking appropriate advice Impact of personalisation on staffing levels	David Walker	4	4	16	**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	3	4	12	**High**	
1434	*Clinical Records*	Delays or errors in clinical information being transferred leading to medication errors or failings in care and treatment of an individual. Potential for complaints, litigation and adverse publicity. Sensitive personal information being inappropriately disclosed in error. This risk is evident in mental health as they move towards EMIS. Lack of consistent and documented procedure for the storage and destruction of community health records	Elaine Love	4	4	16	**High**	Guidelines and protocols in place. Audits of practice by clinical teams. awareness of Data Protection Principles. Review in progress of current arrangements	3	4	12	**High**	
1435	*Capital Developments - financial*	Capital Developments- Insufficient revenue to cover on-going costs of projects	Sharon Wearing	4	4	16	**High**	Project governance structures in place to minimise risk Risk register within project areas identified costs associated with risk at regular intervals Risks escalated though capital governance structure On-going discussions with social work	4	3	12	**High**	
1439	*Information Governance MAPPA information sharing*	Sensitive or confidential information is inappropriately shared resulting in adverse media impact and loss of public confidence	Ann-Marie Rafferty	4	4	16	**High**	Information sharing protocols have been developed with relevant agencies and the directorate regularly remind staff of their responsibilities	4	3	12	**High**	
1708	*Winter planning Primary Care*	Seasonal difficulties for GP practices which may occur due to severe weather conditions, staff shortages and increased demands	Richard Groden	4	4	16	**High**	Business continuity plans , pandemic flu plans. Use of buddy system for staff.	3	4	12	**High**	
1703	*Junior Doctors Cover*	Junior doctors out of hours rotas are stretched due to relatively low numbers on the rotas. Their viability may be impaired by vacancies or sickness absence	Michael Smith	4	4	16	**High**	Liaison with NES regarding recruitment, reviewing service configuration and employing locum staff when necessary. Unscheduled Care Review will consider service changes to address this issue	3	4	12	**High**	
1705	*Mental Health Inpatient Beds*	Lack of beds (especially IPCU) in Greater Glasgow and neighbouring Boards impairs patient access to appropriate care	Michael Smith	4	4	16	**High**	Using robust bed management system to highlight problems in time to resolve. Key issue for the Core leadership and other for a to manage.	3	4	12	**High**	
1423	*Critical Failure of care*	Critical failure of care leading to harm to service user (including suicide, child protection, adult support and protection, clinical standards and inspections)	Ann-Marie Rafferty	3	5	15	**High**	Referral process, Staff supervision, Existing policies, procedures and guidelines. Inspection regimes- child protection	3	4	12	**High**	

Proposed updates and correction to IJB Risk Management Policy Framework

Update: Para 3.1.9

Current version:

Operation of a procedure for movement of risks between risk registers within the Glasgow City HSCP will be facilitated by the Head of Business Development with regular review by the (City Wide Operational Management Group) and the Senior Management Team.

Recommended update:

Operation of a procedure for movement of risks between risk registers within the Glasgow City HSCP will be facilitated by the Head of Business Development with regular review by the Strategy, Operations and Resources Group and the Senior Management Team.

Update: Para 9.2

Current Version

Monitoring will include review of the IJB's risk profile at City Wide Operational Management and Senior Management Team level.

Recommended update:

Monitoring will include review of the IJB's risk profile by the Strategy, Operations and Resources Group and the Senior Management Team.

Correction: Document Numbering

Fix numbering error in Section 1 of the policy framework that leads to subsequent section headings and sub-paragraph numbering being out of sync.

e.g. currently paragraphs under Section 2 are numbered 3.1, 3.2, paragraphs under Section 3 are numbered 4.1, 4.2 etc.