



# Item No. 16

Meeting Date: Wednesday 13<sup>th</sup> June 2018

## Glasgow City Integration Joint Board Finance and Audit Committee

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### RISK MANAGEMENT QUARTERLY UPDATE REPORT

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

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

## 1. Purpose

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

## 2. Annual Review

- 2.1 The three risk registers are due for annual review by the Strategic & Operations Executive Group at the end of Q4 of each year. For 2017/18, the registers were presented to the group on 23<sup>rd</sup> April 2018.

The Group agreed the following:

- Given the complexity of the registers and the changes to the HSCP Leadership Team and the changes to the Glasgow City Council governing frameworks, a workshop will be held over the summer to review the registers in full by the Risk Owners (Chief Officers, Assistant Chief Officers and Clinical Directors).
- The risk registers to be presented as is until such time as the full review has taken place.

## 3. Integration Joint Board Risk Register

- 3.1. The Integration Joint Board Risk Register is maintained, updated and reported in line with the Glasgow City IJB Risk Management Policy.
- 3.2. The last quarterly review of this risk register was carried out in **January 2018**.
- 3.3. There were **no** items added to or removed from the register since the last quarterly update report:
- 3.4. There were **no** items on the register where the initial and current risk increased since the last quarterly update report.
- 3.5. There were **4** items on the register where the current or inherent risk decreased since the last quarterly update report:
  - *Ref 2:* The Chief Finance & Resources Officer advised that the current risk likelihood should be changed from 5 to 4, reducing the risk rating from 20 to 16 and the Risk Level from 'Very High' to 'High'.
  - *Ref 9:* The Chief Finance & Resources Officer advised that the current risk likelihood should be changed from 4 to 3, reducing the risk rating from 16 to 12. The risk level remains 'High'

- *Ref 14:* The Chief Finance & Resources Officer advised that the current risk likelihood should be changed from 4 to 3, and the current consequence level from 5 to 4, reducing the risk rating from 20 to 12. The risk level has therefore changed from 'Very High' to 'High'
  - *Ref 15:* The Chief Finance & Resources Officer advised that the current risk likelihood should be changed from 5 to 4, changing the risk rating from 20 to 16. The risk level has therefore changed from 'Very High' to 'High'
- 3.6. At the conclusion of the April 2018 review there were **13** 'live' risks on the register, with **no** items having a current risk level of 'Very High', **8** items with a risk level of 'High' and **5** items with a risk level of 'Medium'.
- 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. **5** of these items were reviewed by the risk owners during this quarterly review, and their current risk level was assessed to be accurate.
- 3.9. The first quarterly review of the IJB Risk Register in 2018/19 is scheduled to be carried out in **July 2018**.

#### **4. Social Work Risk Register**

- 4.1. The Social Work Risk Register is maintained, updated and reported in line with the Glasgow City Council Risk Management Policy and Guidance.
- 4.2. On 30 April 2018, Glasgow City Council introduced a new Corporate Risk Management Policy and Framework (CRMPF). The Director's Briefing is attached as Appendix B, the CRMPF as Appendix C and the new template and guidance is included as Appendix D.
- 4.3. In order to comply with the new CRMPF, the SWS Corporate Risk Register returns will now be sent out in the new format. This will not change the format for the Risk Management reports to SMT or IJB.
- 4.4. The last quarterly review of this risk register was carried out in **January 2018**.
- 4.5. There were **no** new risk items added to the register since the last quarterly update report.

- 4.6. There were **no** items removed from the register since the last quarterly update report.
- 4.7. There were **no** items on the register where the initial or current risk increased since the last quarterly update report.
- 4.8. There was **1** item on the register where the initial or current risk decreased since the last quarterly update report:
- *Ref 26:* Additional resource made available will assist but not remove the risk. Work has commenced in consideration of the use of new technologies with a view to utilising as a replacement for care where appropriate. Change in current risk likelihood from 4 to 3, changing risk rating from 16 to 12. Risk Level remains 'High'.
- 4.9. At the conclusion of the April 2018 review, there were **31** 'live' risks on the register, with **2** items having a current risk level of 'Very High', **16** items with a risk level of 'High', **11** items with a risk level of 'Medium' and **1** item with a risk level of 'Low'.
- 4.10. 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.
- 4.11. Items with a current risk level of 'Medium' or 'Low' are reviewed less regularly in line with the risk management policy. **2** of these items were reviewed by the risk manager during this quarterly review, and their current risk level was assessed to be accurate.
- 4.12. The first quarterly review of the Social Work Risk Register in 2018/19 is scheduled to be carried out in **July 2018**.

## **5. Health Risk Register**

- 5.1. 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 updated in **May 2018**.
- 5.2. There were **no** new risk items added to the register since the last quarterly update report.
- 5.3. **1** item has been closed since the last review and is due to be removed from the register:

*Ref 1431*: Risk to be removed as control actions have mitigated successfully against the risk.

5.4. There were **no** items on the register where the initial or current risk increased since the last quarterly update report.

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

- *Ref 1076*: Report has been submitted. The current risk consequence has therefore been reduced from '4 – will probably recur, but is not a persistent issue' to '3 – may recur occasionally', reducing the Risk Rating from 12 to 9 and the Risk Level to "Moderate"

5.6. The first quarterly review of the Health Risk Register in 2018/19 is scheduled to be carried out in **July 2018**.

## **6. Recommendations**

6.1. The Senior Management Team is asked to:

- a) note this report, and;
- b) note the current highest risks on the Integration Joint Board, Social Work and Health Risk Registers.

IJB Risk Register (Page 1 of 2)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
2	<i>Delivery of Strategic Plan within budget</i>	There is a risk of the IJB being unable to budget within allocated resources which could lead to being unable to deliver on the Strategic Plan	Chief Officer Finance & Resources	5	4	20	Very High	- The Integration Scheme details the actions to be taken in the event of this and furthermore the contingency arrangements should parent bodies be unable/unwilling to provide additional funding - Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets - Governance / reporting mechanism for Transformation Programme in development - Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB	4	4	16	High	Update April 2018: Current risk likelihood changed from 5 to 4, lowering risk ranking to 16. Risk level remains "High"
15	<i>Level of savings required in 2018/19</i>	There is a risk that, due to the level of savings in 2018-19 that we need to achieve, any slippage in the year could present as a financial challenge to the budget being in balance at the end of the financial year	Chief Officer Finance & Resources	5	4	20	Very High	- Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets - Governance / reporting mechanism for Transformation Programme in development - Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB - Chief Finance & Resources Officer has visibility and awareness of budget setting processes and frameworks in place within council and Health Board.	4	4	16	High	Update April 2018: current likelihood changed from 5 to 4, changing risk ranking from 20 to 16. Risk level remains "High".
6	<i>Partners' governance arrangements</i>	There is a risk that the Partners put in place revised governance mechanisms between the IJB and themselves which could lead to increased bureaucracy in order to satisfy the alternative arrangements that require to be put in place.	Chief Officer	4	4	16	High	- Chief Officer to maintain a visible and influencing presence in the development of any future governance arrangements to ensure that such potential arrangements are lean and manageable.	4	4	16	High	Update April 2018: No change
10	<i>Financial position of providers</i>	There is a risk that the financial challenges faced by some provider organisations (in particular those providing sleepovers) to pay the Scottish Living Wage could destabilise them significantly, resulting in a threat to the continuity of services. This could create issues in the availability of appropriate provision for our service users which could seriously impact on the delivery of the IJB's strategic plan.	Head of Business Development	4	5	20	Very High	- We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. - Ensure timeous regular payment to provider organisations - Ensure that the payment of the additional funding for the Scottish Living Wage is made timeously - Proof of concept work with providers will enable us to ensure that as far as possible we have lean processes in our dealings with providers and that we can co-produce new ways of working to ensure efficiency.	4	4	16	High	Update April 2018 - further uplift being made to providers, however, risk remains "High"
8	<i>Differing terms and conditions</i>	There is a risk that differing employment terms could expose the Partnership to challenge. This could lead to a detrimental impact on resources in order to investigate, defend and/or settle these.	Chief Officer Finance & Resources	3	5	15	High	- Staff continue to be employed by 2 separate organisations and do not have the same terms and conditions, however Equal Pay claims don't compare across different employers and no terms and conditions being changed. Head of Corporate Services to check with Legal.	3	5	15	High	Update April 2018: No change.
3	<i>Resources required for Integration</i>	There is a risk that the volume of staff resource required to establish effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities and operational delivery	Chief Officer Finance & Resources	4	4	16	High	- workload and resource monitoring continues to be undertaken across the partnership (for example, through one-to-one supervision) - ongoing review of support (including work undertaken and resources being used) required for integrated arrangements - Workforce Planning sub-group meets fortnightly to review workforce planning matters (including requests to fill vacancies)	3	4	12	High	Update April 2018: No change.
9	<i>Funding for Scottish Living Wage</i>	There is a risk that the funding provided by the Scottish Government to cover the Scottish Living Wage is not sufficient, creating a financial challenge which could lead to reputational issues to the Partnership	Chief Officer Finance & Resources	4	5	20	Very High	- We are involved in a proof of concept with provider organisations around a different model of procurement, administration and modelling. The aim of this is to find different ways of working focussing on outcomes as opposed to inputs and make best overall use of resources whilst delivering efficiencies.	3	4	12	High	Update April 2018: current likelihood changed from 4 to 3. Risk ranking changed from 16 to 12. Current risk level remains "High".

IJB Risk Register (Page 2 of 2)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
14	<i>Budget Settlement</i>	There is a risk that, as a result of the December 2017 budget, the settlement for both GCC and the NHS will be worse than had been previously included within respective planning assumptions. This could lead to budget allocations to the HSCP from both Partners requiring unprecedented levels of savings, resulting in an overspend within the HSCP, and impact on the reserves of the IJB and ability to deliver the Strategic Plan.	Chief Officer Finance & Resources	4	5	20	Very High	- Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets - Governance / reporting mechanism for Transformation Programme in development - Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB - Chief Finance & Resources Officer has visibility and awareness of budget setting processes and frameworks in place within council and Health Board.	3	4	12	High	<b>Update April 2018:</b> current likelihood changed from 4 to 3 and consequence changed from 5 to 4, resulting in over all current risk level changing from "Very High" to "High" (from 20 to 12)



Social Work Risk Register (Page 1 of 5)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
18	<i>Impact of Welfare Reform on citizens</i>	<b>There is a risk that</b> the implementation of welfare reform <b>will lead to</b> increased deprivation for the most vulnerable citizens, <b>thereby leading to</b> an increased demand for social work services including emergency payments, homelessness, welfare rights and general social work support. <b>This could affect</b> the ability of the service to meet demand.	Susanne Millar	5	5	25	Very High	- Contribution to the corporate welfare reform group; - Effective communications with service users and other stakeholders; - Information dissemination on rights to appeal; - Appeals packs for service users developed; - Welfare Reform training delivered to 3rd sector. - Key messages have been refreshed and disseminated again widely in line with the current stage of reform. - Significant further training has been provided to voluntary sector organisations. - Linkages with the Scottish Welfare Fund has resulted in a significant increase in the number of people appealing benefit sanctions.	5	4	20	Very High	Update April 2018: No change
28	<i>Impact of Abuse Inquiry</i>	<b>There is a risk that</b> the Scottish Child Abuse Inquiry <b>could result in</b> adverse legal, financial, reputational and operational impacts to the Service. These could arise from: - being unable to provide historical information requested by the Inquiry being perceived as the Service being ineffective or deliberately obstructive - the level of resources required to provide an appropriate response to the Inquiry's initial information request not being available/sustainable without impact on business as usual activity - an increase in claims for compensation being made due to increased media coverage of the Inquiry's processes - staff and service users required to provide evidence experiencing an adverse emotional impact as a result of recalling experiences which were or perceived to be traumatic.	Susanne Millar	5	4	20	Very High	- Internal team established to manage our input to the Inquiry. This team will liaise with the PR office accordingly. - Internal team includes legal representatives in order that we manage any claims. - Ongoing monitoring and review of resources utilised to facilitate the Inquiry. - Existing employee support mechanisms through HR. - Existing health and social care support services for service users.	5	4	20	Very High	Update April 2018: No change
6	<i>ICT security failure or breach</i>	<b>There is a risk that</b> ICT security fails <b>resulting in</b> loss/misuse of data, breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users <b>affecting</b> public and service user confidence	Sharon Wearing	5	5	25	Very High	- Information Security Governance via Information Security Board. Policies and guidance regularly updated and annual mandatory training provided via GOLD or leaflet. New screensavers being implemented. - Information sharing protocol with NHS G&C in place. - All ICT developments progressed through project management methodology which includes risk logs and Privacy Impact Assessments are undertaken as required. - The majority of devices are now encrypted and authorisation process in place for unencrypted devices. - Disclosure process in place for PSN compliance. Secure email piloted and will be rolled out alongside protective marking.	4	4	16	High	Update April 2018: CGI have taken over the Council's ICT from 1st April and the contract is managed via the Strategic Innovation and Technology (SIT) Team who are ensuring that security meets the Council's requirements. Significant work has been undertaken in preparation for the new data protection legislation in May - including comms, a mandatory training course and staff guidance. Secure data sharing tools including Sophos secure email and Objective Connect are now available.

Social Work Risk Register (Page 2 of 5)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
10	<i>Service reform and budget &amp; service plan</i>	<b>There is a risk that</b> the Department's service reform and Budget and Service Plan programmes fail to deliver the required outcomes in terms of delivery of statutory duties; service modernisation and financial savings. <b>This would have the impact of</b> necessitating potential drastic and unplanned cuts in order to realise the savings requirements <b>thereby</b> leaving services and service users vulnerable.	Sharon Wearing	5	4	20	Very High	- Fortnightly Integration Transformation Board meetings - Weekly Executive Group meetings to approve critical progress issues - CSWO led SMT's in both Adult and Children and family Services review and progress - Performance Management Framework incorporating City-wide, local and care group performance reporting - Regular planned and structured liaison with providers re changes - Service User engagement - Trade Union liaison at strategic and local levels	4	4	16	High	Update April 2018: No change
27	<i>Changes to VISOR</i>	<b>There is a risk that</b> changes to the vetting requirements for new and existing VISOR users at a national level, which are incompatible with the council's recruitment and employment policies will lead to the service losing access to the system. <b>This could result in</b> the service being less able to manage offenders who pose high risk of serious harm to the public, with subsequent legal and reputational on the service.	Susanne Millar	5	4	20	Very High	- Issue highlighted to Glasgow's Public Protection Chief Officers Group - Impact report completed by Social Work Scotland and further national work under consideration - Legal advice taken by HR advising no change to recruitment or employment policies - Sufficient staff currently vetted and able to make use of system in collaboration with MAPPA partners and responsible authorities	4	4	16	High	Update April 2018: No change
29	<i>Impact of workforce planning on statutory duties</i>	<b>There is a risk that</b> workforce planning/reduction in staffing levels and loss of skilled staff might compromise the Service's ability to deliver services and carry out its statutory duties, including: - Services to LA and LAAC children; - MHO duties; - Duties under S22 of the Children Scotland Act 1995; - Provision of children's hearings reports and reports to Court; - Duties in relation to Adults with Incapacity legislation; - Duties in relation to S12 of the Social Work Scotland Act 1968. <b>This could result in</b> service users not receiving services they're entitled to, and which leaves them at increased risk.	David Williams	5	4	20	Very High	- Trade Union liaison at strategic and local levels. - HSCP Workforce Planning Sub-group and Board chaired by Chief Officer (Finance & Resources) which feeds directly into the Executive Group and Leadership Team. It comprises Chief Officer (Planning, Strategy & Commissioning/CSWO), Chief Officer (Operations) and HR reps from SWS and NHS. Chief Officer (Planning, Strategy & Commissioning/CSWO) advises group of any potential risks in relation to staffing reductions. - Local performance management and supervision systems in place. - Workforce planning arrangements for care groups being finalised. - Training and development programme for MHOs in place. - New AWI protocols agreed at HSCP and SWS Governance Groups - Regular updated workforce planning monitoring reports (by Locality) for all care groups in place.	4	4	16	High	Update April 2018: No change
31	<i>Carefirst Disaster Recovery arrangements</i>	The careFirst disaster recovery solution is in transition between the old solution and a new solution, and full implementation is dependent on new hardware which has not been ordered. IF careFirst fails THEN there is a risk that the disaster recovery solution may not be available at all, or may take a number of days to arrange, RESULTING in lack of full access to careFirst for staff and the significant business impacts that would have.	Sharon Wearing	4	4	16	High	ACCESS have been asked to confirm the current DR arrangements and give detailed assurances that DR would be available if required. ACCESS have been asked to ensure that the necessary hardware is purchased as soon as possible, but this is a Corporate project, so requires agreement from Governance. This will be pursued as soon as relevant information is received.	4	4	16	High	Update April 2018: Disaster Recovery hardware has been purchased, however the project has not been completed by ACCESS. Discussions are therefore required with CGI about the completion of this project, so the risk remains.

Social Work Risk Register (Page 3 of 5)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
1	Health & Safety requirements	<b>There is a risk of</b> failure to meet statutory Health & Safety requirements. <b>This may result in</b> major loss of service through establishment fire, major catastrophe or infections; or singular catastrophic incidents <b>which could result in</b> death or serious injury of service users and/or staff.	Christina Heuston	4	5	20	Very High	<ul style="list-style-type: none"> <li>- Service is a member of the Council's Asbestos Strategic Management Group that monitors actions regarding the management of Asbestos. The Service has appointed a Health and Safety Co-ordinator who actively monitors the arrangements for the control of Asbestos, Service Control of Asbestos Management Standard issues June 2014</li> <li>- Departmental Health &amp; Safety Policy &amp; manuals</li> <li>- Fire safety management system.</li> <li>- H&amp;S risk assessment processes, e.g. fire, legionella, alarms etc.</li> <li>- H&amp;S respond to all audit and inspection requirements.</li> <li>- Emergency procedures in place for all service user accommodation</li> <li>- Range of H&amp;S training in place e.g. Fire Wardens, Manual Handling etc.</li> <li>- Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place.</li> <li>- Monitoring of claims.</li> <li>- Managing Violence at Work Policy Document and monitoring of Violent Incident reports, this monitoring has identified the need to review the Violence training for Fieldwork staff, this review <a href="#">is completed and new training course (Personal Safety) is in place</a></li> <li>- <a href="#">Legionella risk managed with the assistance of Property and Land Services (PALS).</a></li> </ul>	3	5	15	High	<a href="#">Update April 2018: Risk manager has updated control actions re completion of the Personal Safety training course and updated arrangements for the management of the legionella risk.</a>
11	MAPPA arrangements	<b>There is a risk that</b> the Glasgow MAPPA arrangements fail <b>resulting in</b> risk to Glasgow citizens from registered sex offenders	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> <li>- City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice.</li> <li>- MAPPA Strategic Oversight Group meets every 3 months</li> <li>- MAPPA Operational Group meets every 6 weeks</li> <li>- MAPPA national guidance</li> <li>- Multi agency Risk Register in place and standing item on the agenda of both meeting structures</li> <li>- NASSO meeting every quarter with RSL providers</li> <li>- Memorandum of Understanding in place between statutory agencies and reviewed annually</li> </ul>	3	5	15	High	<a href="#">Update April 2018: No change</a>
12	Child Protection arrangements	<b>There is a risk of</b> failure in the implementation of Child Protection procedures and arrangements <b>resulting in</b> increased and/or avoidable risk/harm to children and/or young people	David Williams	4	5	20	Very High	<ul style="list-style-type: none"> <li>- Child Protection Committee and sub groups meet regularly</li> <li>- Local area CP forums in place</li> <li>- Quarterly meeting of Chief Officers group</li> <li>- Management information produced and reviewed monthly at C&amp;F Core Leadership Group</li> <li>- 1/2 yearly LMR process overseen and coordinated by CP team</li> <li>- ASM structure providing QA, monitoring and objectivity to local practice</li> <li>- Robust single agency and multi agency training programme in place</li> </ul>	3	5	15	High	<a href="#">Update April 2018: No change</a>

Social Work Risk Register (Page 4 of 5)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
13	Adult Protection arrangements	<b>There is a risk of</b> failure in the implementation of Adult Protection procedures and arrangements <b>resulting in</b> increased or avoidable risk/harm to vulnerable adults	David Williams	4	5	20	Very High	- Adult Protection Committee and sub groups in place - Local Area Adult Protection Forums and multi-agency Local Management Reviews embedded - Quarterly meeting of Chief Officers Group - ASP management information produced and reviewed quarterly at Adult Services Core leadership and Older People's clinical and care governance meetings - ASM structure and multi-agency training programme in place - Quality Assurance sub group of Adult Support and Protection Committee now in place, which monitors the work plan and highlights areas for further consideration	3	5	15	High	Update April 2018: No change
26	Financial position of External Providers Living Wage	<b>There is a risk that</b> the financial challenges faced by some provider organisations (in particular those providing sleepovers) to pay the Scottish Living Wage could destabilise them significantly, <b>resulting in</b> a threat to the continuity of services. This could create issues in the availability of appropriate provision for our service users and have a negative reputational impact on the Partnership.	Sharon Wearing	3	5	15	High	- We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. - Ensure timeous regular payment to provider organisations - Ensure that the payment of the additional funding for the Scottish Living Wage is made timeously - Proof of concept work with providers will 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	Update April 2018: Additional resource made available will assist in this but not remove the risk. Work has commenced in consideration of the use of new technologies with a view to utilising as a replacement for care where appropriate. Change in current risk likelihood from 4 to 3, changing risk ranking from 16 to 12. Risk Level remains 'High'
33	Capital Projects - design issues	<b>There is a risk that the</b> resolution of design issues arising after the defect liability period has ended on capital project sites <b>could result in</b> an operational and health & safety impacts on the HSCP, as well as the potential for litigation with a contractor and/or a financial risk to GCC and the wider new build capital programme.	Sharon Wearing	3	4	12	High	- Capital Programme Governance arrangements. - Regular monitoring of contract by DRS Project Team. - Reporting to Social Work Capital Board. - Reporting to Council Capital Board. - Corporate partners working to develop viable solutions which will be evaluated through the governance process.	3	4	12	High	Update April 2018: No change
3	Business Continuity arrangements	<b>There is a risk of</b> an inability to respond to needs for services on a 24 hour basis due to failure of or disruption to facilities or staff affecting mainstream and out-of-hours services. This is <b>as a consequence of</b> exceptional, one-off and unexpected events such as strike action, pandemic flu, extreme weather events. <b>The impact of this</b> is that service users in significant numbers across the city may not be able to receive a continuing service for a limited period of time.	Susanne Millar	4	4	16	High	- Business Continuity Plans for SWS functions in place based on Business Impact Analysis exercise completed in January 2017 - Industrial Relations Strategy in place. - Monthly meetings at Director level with senior Trade Union officials. - Business Continuity Reps identified in each service area require to be reviewed and updated following service reorganisation. To be completed by end of Jan 2018. - Business Continuity Working Group chaired by the service Business Continuity Champion (Head of Business Development) to be reconvened in Jan/Feb 2018 - Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC Compliance. SWS has fed into this process. - A plan for the implementation of comprehensive BCM framework across the HSCP to be developed. Aim is to have all updated BC plans ready for end of March 2018.	3	4	12	High	Update April 2018: Business Continuity Working Group reconvened with framework in place for additional meetings to cover Euro 2018 planning arrangements. BCPs should be updated by 1 June 2018.

Social Work Risk Register (Page 5 of 5)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Likelihood	Consequence	Risk Rating	Risk Level		Likelihood	Consequence	Risk Rating	Risk Level	
5	Failure of External Providers	<b>There is a risk that</b> contractor/partner arrangements fail. <b>This may result in</b> a failure to deliver services appropriately with a provider or other agencies <b>leading to</b> a failure to care/protect service users	Susanne Millar	5	4	20	Very High	- Contract Management Framework. - Contractor Risk Ratings Matrix. - Procurement activity undertaken in accordance with written agreed procedures. - All contractual arrangements over the approved thresholds referred to appropriate committee for approval. - Ensuring providers/other agencies have health and safety procedures/arrangements in place - Regular meetings with key providers regarding strategic provider related issues	3	4	12	High	Update April 2018: No change
21	Capital Programme - Leithland site	<b>There is a risk that</b> resolution of outstanding design issues and adverse site conditions on the Leithland site <b>could result in</b> an operational and financial impact on SWS programme.	Sharon Wearing	3	4	12	High	- Capital Programme Governance arrangements. - Regular monitoring of contract by DRS Project Team. - Reporting to Social Work Capital Board. - Reporting to Council Capital Board. - Corporate partners working to develop viable solutions which will be evaluated through the governance process.	3	4	12	High	Update April 2018: No change
22	Carefirst Contract Renewal	<b>There is a risk that</b> the renewal of the OLM contract will not be concluded by the 31st of March and the current proposal for a standard one year extension will not meet the business needs and cost significantly more than a partnership contract <b>resulting in</b> a lack of support from the supplier, potentially <b>affecting</b> all areas of social work services if careFirst fails and cannot be fixed by ACCESS, and additional costs to the Council, and decreasing the ability to implement transformational change for the Health and Social Care Partnership	Sharon Wearing	4	4	16	High	- ACCESS are dealing with the contract renewal, and the concerns around the implications of the current situation have been raised with Senior Management.	3	4	12	High	Update April 2018: The OLM contract is being novated to CGI and the contract has not yet been renewed. We are therefore without a current contract. This has been escalated to the SIT Team.
30	Effectiveness of ICT systems	<b>There is a risk that</b> ICT systems used by Social Work Services are not fit for purpose, or fail which <b>would impact on</b> our ability to undertake statutory duties and meet business objectives (including the protection of and care for vulnerable children and adults). <b>One potential cause</b> is that the Glasgow City Council arrangements with ACCESS for the provision of ICT don't meet the specific needs of Social Work Services.	Sharon Wearing	4	4	16	High	- Carefirst and ICT Strategy Board (4 weekly) - Carefirst Technical Board (4 weekly) - (ACCESS and supplier both present at the above meetings) - ICT Operational meeting now in place - Improvement actions from job swap underway - Development of maintenance of pipeline plan - CareFirst is designated a Platinum system. - I-World has been designated Top Gold. - Service Level Agreements on availability for key systems with ACCESS. - Ongoing training programme. - Regular review and updating of systems and technologies to ensure compliance with technical strategy and supplier maintenance agreements.	3	4	12	High	Update April 2018: Governance arrangements for ICT projects are currently being reviewed to ensure they meet the needs of the Partnership, and in light of the Council's new ICT supplier. The terms of the new contract are not currently known, so this may be an increasing risk.

Health Risk Register (Page 1 of 2)													
Ref	Title	Description	Manager	Initial Risk Level				Controls in place	Current Risk Level				Latest Update
				Likelihood	S	Risk Rating	Risk level		Likelihood	S	Risk Rating	Risk level	
1428	Prescribing costs- Financial	Prescribing costs exceeding the allocated budget threatening HSCP services	Richard Groden	5	4	20	Very High	Budget performance monitoring Prescribing monitoring, risk sharing across HSCP, prescribing plan to identify and generate savings if required	5	4	20	Very High	Update May 2018: No change
1670	Medical and Nursing cover	There is a risk that there is not enough medical and nursing cover for Sexual Assault Examinations provided by Archway and that contracted Forensic Physicians are unable to fill the gap	Rhoda MacLeod	5	4	20	Very High	New Forensic Contract. Recent service review recommends further development of service model. To agree extending existing contract. Engaging procurement	4	4	16	High	No update received
1418	Financial HSCP Wide	Failure to deliver transformation programmes in 2017/18 which may result in not meeting financial targets.	Susanne Millar	5	4	20	Very High	Regular financial monitoring at Sector and HSCP level. Reviewing and reforming of services as part of savings plans to meet targets.	4	4	16	High	Update May 2018: Manager updated to Susanne Millar
1417	Shortage of Staff	Future Shortage of appropriate/competent staff e.g. retirement compromising the ability to deliver service.	Sybil Canavan	4	4	16	High	Recruitment arrangements. Succession and workforce planning.	4	4	16	High	Update May 2018: No change
1704	Court Liaison	Lack of cover for the Court Liaison services cause delay in assessing with apparent MH problems in the system. This may lead to complaints from the Court System	Michael Smith	4	4	16	High	Reviewing and strengthening the current service. Unscheduled Care Review will consider service changes to address this issue.	4	4	16	High	Update May 2018: No change
2080	Shortage of Staff Prison Health care	Recruitment and retention of workforce within prison health care as identified in HMP Inspection	Jackie Kerr	4	4	16	High	Action plan in place monitored by managers in preparation of reinspection in January 2018	4	4	16	High	Update May 2018: Manager updated from Alex MacKenzie to Jackie Kerr. Lowmoss and Gateside Prisons has both been subject to HIS and HMIP inspections detailed action plan now in place for both establishments. Recruitment of nursing staff is ongoing and will remain a priority for the service.
2081	System Change	Rapid system change and in particular staff turnover is a recognised factor potentially compromising patient safety.	Michael Smith	4	4	16	High	Local governance arrangements and clinical networks created as part of the patient safety programme will help monitor and manage change, sharing findings with local managers and HSCP systems as appropriate	4	4	16	High	Update May 2018: No change
1706	Financial risk - implementation of Scottish Living Wage	There is a risk that the funding provided by the Scottish Government to cover the Scottish Living Wage is not sufficient, creating a financial challenge which could lead to reputational issues to the Partnership	Sharon Wearing	5	4	20	Very High	Different model of procurement, administration and modelling in development in consultation with provider organisations. Aims to find different ways of working focussing on outcomes as opposed to inputs and make best overall use of resources whilst delivering efficiencies.	3	3	9	Medium	Update May 2018: Current risk consequence reduced from 4 to 3, resulting in change in Risk Rating from 12 to 9 and Risk Level from High to Medium. Report has been submitted.
1511	GP practices	Glasgow City HSCP may experience a local GMS practice unable to fulfil its contractual obligations, requiring intervention and support sometimes at short notice	Richard Groden	5	4	20	Very High	Developing a response "toolkit" for vulnerable practices and seeking support in terms of an initial assessment and what might be offered by way of further in depth assessment and identifying a suitable range of responses. Developing an approach to pro-actively identify/support practices that might be approaching a vulnerable state, including mechanisms and possible responses	3	4	12	High	Update May 2018: No change
1429	Failure to meet Access/ Discharge Targets	Failure to meet Access/discharge targets	Jackie Kerr	4	4	16	High	Working group established, Links with Social work, Funding, Continue to monitor/audit delayed discharges with acute	3	4	12	High	Update May 2018: No change

Health Risk Register (Page 2 of 2)													
Ref	Title	Description	Manager	Initial Risk Level			Risk level	Controls in place	Current Risk Level			Latest Update	
				Likelihood	s	Risk Rating			Likelihood	s	Risk Rating		
1431	External providers	External care providers not recognising health needs/ not seeking appropriate advice Impact of personalisation on staffing levels	David Walker	4	4	16	CLOSED	Provider training, professional specific advice, medication protocols, clear transfer of information into provider care plans, monitoring via Care Inspectorate. Provider services to be monitored and reviewed by the Contract and Management and Commissioning Teams	3	4	12	CLOSED	Update May 2018: Risk to be removed as control actions have mitigated successfully against risk.
1434	Clinical Records	Delays or errors in clinical information being transferred leading to medication errors or failings in care and treatment of an individual. Potential for complaints, litigation and adverse publicity. Sensitive personal information being inappropriately disclosed in error. This risk is evident in mental health as they move towards EMIS. Lack of consistent and documented procedure for the storage and destruction of community health records	Elaine Love	4	4	16	High	Guidelines and protocols in place. Audits of practice by clinical teams. awareness of Data Protection Principles. Review in progress of current arrangements	3	4	12	High	Update May 2018: No change
1435	Capital Developments - financial	Capital Developments- Insufficient revenue to cover on-going costs of projects	Sharon Wearing	4	4	16	High	Project governance structures in place to minimise risk Risk register within project areas identified costs associated with risk at regular intervals Risks escalated through capital governance structure On-going discussions with social work	4	3	12	High	Update May 2018: Manager updated to Sharon Wearing. No changes to Risk Level
1439	Information Governance MAPPA information sharing	Sensitive or confidential information is inappropriately shared resulting in adverse media impact and loss of public confidence	Ann-Marie Rafferty	4	4	16	High	Information sharing protocols have been developed with relevant agencies and the directorate regularly remind staff of their responsibilities	4	3	12	High	Update May 2018: Manager updated to Ann-Marie Rafferty. No changes to control actions or risk level
1708	Winter planning Primary Care	Seasonal difficulties for GP practices which may occur due to severe weather conditions, staff shortages and increased demands	Richard Groden	4	4	16	High	Business continuity plans , pandemic flu plans. Use of buddy system for staff.	3	4	12	High	Update May 2018: No change
1703	Junior Doctors Cover	Junior doctors out of hours rotas are stretched due to relatively low numbers on the rotas. Their viability may be impaired by vacancies or sickness absence	Michael Smith	4	4	16	High	Liaison with NES regarding recruitment, reviewing service configuration and employing locum staff when necessary. Unscheduled Care Review will consider service changes to address this issue	3	4	12	High	Update May 2018: No change
1705	Mental Health Inpatient Beds	Lack of beds (especially IPCU) in Greater Glasgow and neighbouring Boards impairs patient access to appropriate care	Michael Smith	4	4	16	High	Using robust bed management system to highlight problems in time to resolve. Key issue for the Core leadership and other for a to manage.	3	4	12	High	Update May 2018: No change
1423	Critical Failure of care	Critical failure of care leading to harm to service user (including suicide, child protection, adult support and protection, clinical standards and inspections)	Ann-Marie Rafferty	3	5	15	High	Referral process, Staff supervision, Existing policies, procedures and guidelines. Inspection regimes- child protection	3	4	12	High	Update May 2018: Manager updated to Ann-Marie Rafferty. No changes to control actions or risk level

# Executive Director's Briefing

## Risk Management Policy and Framework

April 2018



### Your role

This briefing provides information on our new **Corporate Risk Management Policy and Framework** which is being rolled out from **Monday 30 April 2018**. It explains what this means for each Service area.

As a Director, you have responsibilities for risk management within your Service.

These include:

- making sure the Framework is implemented and embedded across your Service
- actively identifying, managing and owning specific risks within your Service and also at a corporate level
- allocating sufficient resources to allow for effective risk management within the Service
- working with your Service Risk Management Champion to make sure relevant information is captured on Risk Registers, updated, escalated and reported as required
- understanding that every member of your Service is responsible for monitoring their own activities to identify risks, understanding how to escalate and report these as necessary.

### Your key tasks

- **Familiarise yourself** with the requirements of the new Risk Management Policy and Framework and your responsibilities.
- **Communicate this message** with your management teams and make sure they are aware of the changes and their responsibilities for risk management.
- **Make sure that all Risk Registers** within your Service are updated and comply with the new Framework, by **29 June 2018**.
- **Contact your Risk Management Champion** if you require support or guidance.
- **Make sure that all risk management documentation** is saved on your Service's designated area on EDRMS – your Risk Management Champion can advise on this.

#### 1. When will this take effect?

The new Risk Management Policy and Framework will take effect from **Monday 30 April 2018**.

#### 2. Transition period

Services already have various Risk Registers in place. These include:

- Service-level Risk Registers
- Programme Risk Registers
- Project Risk Registers.

With the new Framework, the format of these registers will change slightly – therefore they will require to be updated.



# Executive Director's Briefing

## Risk Management Policy and Framework

April 2018



To assist with this, a two month transition period will be in place where all Services will be required to update and make sure that existing Risk Registers are in the new format and comply with the Framework by **29 June 2018**.

**Note:** Service Risk Registers should be reported on a quarterly basis so the 2018/19, Quarter One Risk Registers should be produced in the new format and in accordance with the new Framework.

Please communicate the key messages in this brief with members of your management teams as soon as possible, **before Monday 7 May 2018**.

### 3. Why has a new Risk Management Policy and Framework been developed?

The council recognises that a certain level of risk can never be eliminated so we must be pro-active in identifying and managing risks. This is to make sure that we are aware of our environment and the threats and uncertainties that may affect our ability to deliver key priorities.

The Corporate Governance Compliance team in the Chief Executive's Department has developed a new [Risk Management Policy and Framework](#) to:

- **raise the profile** of risk management across all Service areas - to make it a core part of strategic planning, decision making, project management, business continuity and Health and Safety
- **provide detailed guidance** on exactly what Services are required to do and what documents are needed to meet risk management responsibilities
- **update our approach to risk assessment** - to reflect that we are increasingly 'risk aware'
- **develop a consistent risk management approach** - across each Service area
- **create a structure and set of requirements** – to make us more resilient and better equipped to respond to risk, by controlling and mitigating threats or by maximising opportunities.

### 4. What does this mean?

All Services are required to comply with the new Risk Management Policy and Framework.

Although the Framework brings together many of the practices and requirements that are already in place, it does introduce some new and changed elements. Services will need to familiarise themselves with the detailed requirements of the Framework and make sure their current arrangements are updated.

### 5. Your local risk management champion

Each Service has a Risk Management Champion to support local managers. They can offer guidance on the requirements of the new Risk Management Policy and Framework.

# Executive Director's Briefing

## Risk Management Policy and Framework

April 2018



Service	Risk Management Champion	Phone	e-mail
Chief Executive's Department	Laura Heggie	287 3771	<a href="mailto:laura.heggie@glasgow.gov.uk">laura.heggie@glasgow.gov.uk</a>
Development and Regeneration Services	Colin Denney	287 9930	<a href="mailto:colin.denney@glasgow.gov.uk">colin.denney@glasgow.gov.uk</a>
	Martin Kelly	287 0426	<a href="mailto:martin.kelly@glasgow.gov.uk">martin.kelly@glasgow.gov.uk</a>
Education Services	Alasdair Henderson	287 7971	<a href="mailto:alasdair.henderson@glasgow.gov.uk">alasdair.henderson@glasgow.gov.uk</a>
Financial Services	Derek Maitland	276 1296	<a href="mailto:derek.maitland@glasgow.gov.uk">derek.maitland@glasgow.gov.uk</a>
	Margaret Stewart	276 9963	<a href="mailto:margaret.stewart@glasgow.gov.uk">margaret.stewart@glasgow.gov.uk</a>
Land and Environmental Services	Robert Davidson	287 9195	<a href="mailto:robert.davidson@glasgow.gov.uk">robert.davidson@glasgow.gov.uk</a>
	Mandy Dowling	287 9702	<a href="mailto:mandy.dowling@glasgow.gov.uk">mandy.dowling@glasgow.gov.uk</a>
Social Work Services	Steven Blair	287 6752	<a href="mailto:steven.blair2@glasgow.gov.uk">steven.blair2@glasgow.gov.uk</a>
	Allison Eccles	287 8831	<a href="mailto:allison.eccles@glasgow.gov.uk">allison.eccles@glasgow.gov.uk</a>

### 6. More information

For more information and help with risk management arrangements and requirements, contact your Risk Management Champion.

Further information can be obtained from Corporate Governance Compliance or by e-mailing [corporategovernance@glasgow.gov.uk](mailto:corporategovernance@glasgow.gov.uk)

Information is also available on the Risk Management Connect pages [here](#).

# GLASGOW CITY COUNCIL

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## RISK MANAGEMENT POLICY AND FRAMEWORK

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Policy Statement and guidance and templates for risk  
management

April 2018



**GLASGOW CITY COUNCIL  
RISK MANAGEMENT POLICY AND FRAMEWORK  
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1	Risk Register Template and Guidance Notes

**VERSION CONTROL**

**Document Owner:** Laura Heggie, Tel: 0141 287 3771, email: [laura.heggie@glasgow.gov.uk](mailto:laura.heggie@glasgow.gov.uk)  
**Effective Date:** 30 April 2018

Date	Version	Author	Approved By	Comments
January 2018	V0.1	Laura Heggie	N/A	Initial draft issued to risk community for review
March 2018	V0.2	Laura Heggie	N/A	Updated to reflect feedback from risk community, notably the risk assessment matrix at section 4 Issued to C Forrest for approval
April 2018	V1.0	Laura Heggie	Carole Forrest, Director of Governance and Solicitor to the Council	Final version published on 30 April 2018

# SECTION 1 RISK MANAGEMENT POLICY STATEMENT

## 1.1 INTRODUCTION

1.1.1 This document consists of a Policy Statement, which outlines the Council's approach to Risk Management (RM), and an operational Framework which explains the processes, activities and roles and responsibilities required to successfully implement the Policy.

## 1.2 RISK MANAGEMENT POLICY STATEMENT

1.2.1 Glasgow City Council (the Council) is aware that a certain level of risk can never be eliminated and is wholly committed to the pro-active identification and management of risks within its control.

1.2.2 This Policy Statement sets out why and how this will be done and is the foundation for the detailed RM Framework which provides guidance and tools to be implemented across the Council.

1.2.3 The objectives of the RM Framework are to:

- raise the profile and embed a RM culture across all Council Services, making it a core part of strategic planning, decision making, programme and project management, business continuity and Health and Safety;
- deliver a consistent approach to RM across all Council Services;
- promote an inclusive approach to RM across the Council and encourage ownership of the RM process and specific risks;
- raise awareness of risks across the Council and inform staff of their responsibilities in relation to, and the importance of, RM;
- allow continuous improvement and increased resilience through anticipating and responding to risks, both as potential threats and opportunities and linking to business continuity planning;
- preserve and enhance service delivery; reduce injury, loss and damage to assets; safeguard employees, and maintain effective stewardship of public funds, and
- protect the integrity of the Council's services; its corporate governance framework and its reputation.

1.2.4 The Council recognises the importance of RM and the requirements it places on staff across the organisation. The successful implementation of this Policy requires:

- Ownership by, and commitment from, the Extended Council Management Team (ECMT).
- The nomination, by Directors, of named officers to represent their Service and to manage operational compliance with this Policy and the implementation of the RM Framework.
- The engagement of these nominated officers with the Council's Operational Risk Management Forum (ORMF) to ensure consistency in the implementation of this Policy and the RM Framework and to share experience and best practice.
- The commitment of Executive Directors and Service Senior Management Teams to embedding the RM Framework in their management and operational structures and to ensure compliance with all aspects of this Policy and the RM Framework, including ensuring that:
  - appropriate resources are allocated to implementation;

- risks are identified, recorded in Risk Registers and regularly reviewed, escalated as required, and reported to appropriate governance structures, and
- control and mitigating actions are identified, resourced and implemented to manage risk to an acceptable level.

## 1.3 APPLICABILITY

- 1.3.1 This Policy applies to all Council Services and all sections/functions/teams therein and all are required to apply this methodology.
- 1.3.2 Across the wider Council Family, ALEOs may have their own policy and arrangements for risk management. However, they are strongly encouraged to adopt this Policy and Framework to ensure consistency of approach.

## 1.4 GOVERNANCE

- 1.4.1 This Policy and Framework will be governed by Corporate Governance, reporting to the Director of Governance and Solicitor to the Council, who has responsibility for risk management.
- 1.4.2 Regular reports on the performance of the Framework will be provided to the appropriate Council Committee.
- 1.4.3 This Policy and Framework are aligned to best practice principles from HM Treasury Orange Book<sup>1</sup>, ISO31000:2009 and the Association of Local Authority Risk Management (ALARM)<sup>2</sup> guidance.
- 1.4.4 This Policy and Framework will be subject to regular review.

Further information can be obtained from: [corporategovernance@glasgow.gov.uk](mailto:corporategovernance@glasgow.gov.uk)

Or on Connect at  
<http://connect.glasgow.gov.uk/article/22018/Risk-Management>

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<sup>1</sup> <https://www.gov.uk/government/publications/orange-book>

<sup>2</sup> <https://www.alarm-uk.org/>

# SECTION 2 RISK MANAGEMENT FRAMEWORK

## 2.1 INTRODUCTION

### What is Risk?

- 2.1.1 Risk is related to uncertainty and is defined as the “effect of uncertainty on objectives”<sup>3</sup>. The presence of uncertainty means that the outcomes of events and actions can only be estimated however, as well as presenting potentially negative threats, risk can also present positive opportunities.
- 2.1.2 Risk is the chance an action or event may happen that could have an impact on the Council’s ability to achieve its objectives. Risk is a deviation from what is expected and it is the combination of the probability of an action or event happening i.e. something that may, or may not, happen, and the impact or consequences that could arise if it were to happen. The concept of probability and impact is detailed in section 4.

### What is Risk Management?

- 2.1.3 Risk management (RM) is defined as “coordinated activities to direct and control an organisation with regard to risk. The culture, processes and structures that are directed towards the effective management of potential opportunities and threats to the organisation achieving its objectives.”<sup>4</sup>
- 2.1.4 It is a proactive process and a central part of the Council’s corporate governance framework. The objective of RM is to identify and assess risks and plan and implement the actions that are required to avoid, mitigate or manage, as far as possible, the impact of the risk occurring and keep this under review.
- 2.1.5 Risk management is undertaken at all levels across the Council including (i) strategic level; (ii) Service level; (iii) Service-area / team / function level, and (iv) programme and project level. However it is crucial that all levels are integrated and support and inform one another.
- 2.1.6 Wherever there are objectives or planned outcomes, there will be a need for risk management. However, it is recognised that risk management arrangements must be proportionate as over-engineering can potentially stifle innovation and change.
- 2.1.7 Increasingly, effective RM is important where there is increasing financial pressure on the Council and as service delivery models and technology change.

### Applicability of the RM Framework

- 2.1.8 This Framework has been endorsed by the Council’s Corporate Management Team and is applicable, wholly and entirely, to all Council Services.

<sup>3</sup> ISO31000:2009

<sup>4</sup> ISO31000:2009



- 2.1.9 Its application is mandatory and implementation and adherence will be monitored by Corporate Governance, reporting to the Director of Governance and Solicitor to the Council, who has responsibility for RM.
- 2.1.10 The approach and associated documentation is advocated for use by the Council's Arms' Length External Organisations (ALEOs). It is recognised that the ALEOs are responsible for the design and implementation of their own RM arrangements however the adoption of this Framework is strongly recommended.
- 2.1.11 Corporate Governance is responsible for undertaking regular reviews of the Framework to ensure it remains fit for purpose.

### Benefits of RM

- 2.1.12 Risk will never be eliminated therefore a robust approach to RM is required which will deliver the following benefits:
- Improved efficiency of operations and service delivery;
  - Demonstration of good governance;
  - Support the attainment of objectives;
  - Better delivery of intended outcomes;
  - Improved and informed decision making and resource allocation;
  - Increased accountability for, and mitigation of, identified risks;
  - Increased ability to secure funding;
  - Maximisation of opportunities and supports innovation;
  - Protection of reputation;
  - Protection of budgets from unexpected financial losses;
  - Protection of assets;
  - Improved organisational resilience to risk;
  - Compliance with legislation including the Civil Contingencies Act, Health and Safety etc. and emerging and evolving best practice;
  - Enables efficient pro-active planning and reduces the need to react to risk i.e. less 'fire-fighting', and
  - Increased awareness of risk.

### Structure of the Framework

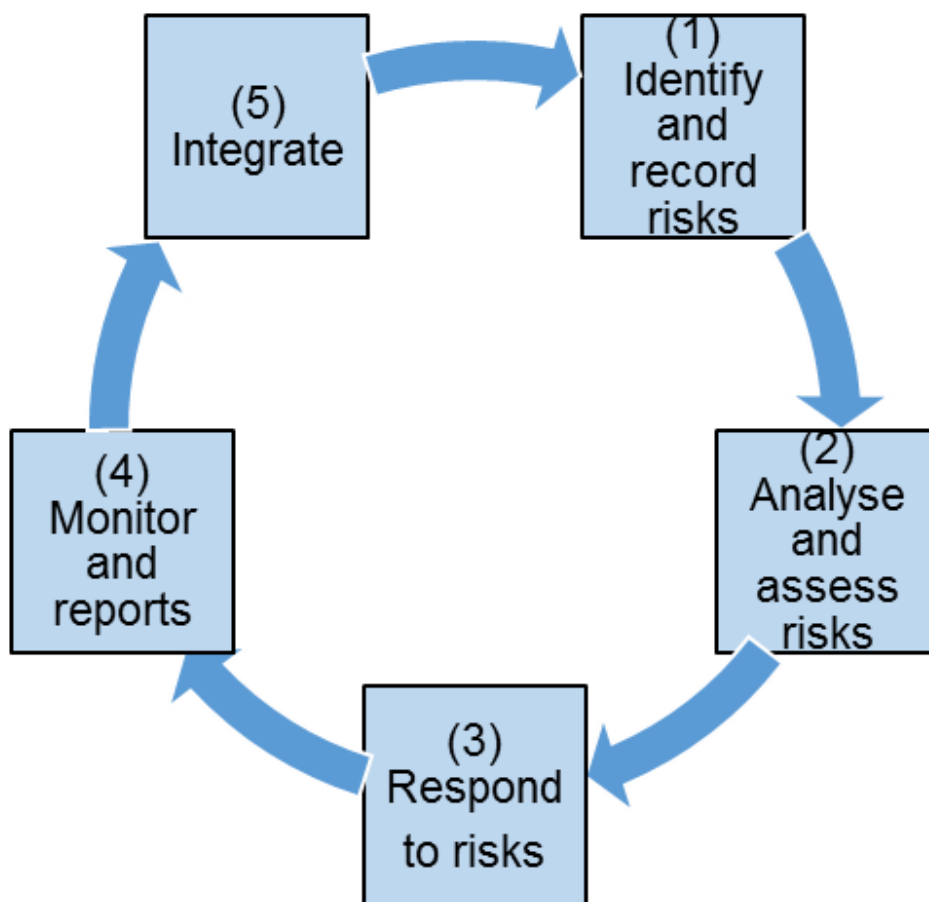
2.1.14 The Council's RM Framework is comprised of the following elements, each of which will be considered in detail throughout this document:

- (i) **Risk Management Process and Lifecycle:**
  - a. Identify and record risks
  - b. Analysis and assessment of risks
  - c. Respond to risks
  - d. Monitor and report
  - e. Integrate with strategic planning and decision making
- (ii) **Roles and Responsibilities**
- (iii) **Governance and Compliance**

## 2.2 RISK MANAGEMENT PROCESS AND LIFECYCLE

2.2.1 The theoretical RM lifecycle is outlined in Illustration 1 below. This has been used as the basis for the Framework, in accordance with recognised best practice set out by the set out by Association of Local Authority Risk Managers (ALARM)<sup>5</sup>.

### Illustration 1: Risk Management Process



<sup>5</sup> <https://www.alarm-uk.org/>

# SECTION 3 RM STAGE 1: IDENTIFY AND RECORD RISKS

## 3.1 RISK IDENTIFICATION

- 3.1.1 Risk identification involves considering what might happen, within and out with the Council, which could have an effect on the delivery and attainment of objectives – what are the barriers, issues, concerns and challenges. The identification process is an ongoing one which identifies what can possibly affect the achievement of objectives.
- 3.1.2 As RM also involves exploring the potential opportunities arising from uncertainty, risk identification can consider events which may accelerate or create attainment of objectives.
- 3.1.3 Risk identification should take place at all levels across the Council, as set out at paragraph 2.1.5.

## 3.2 IMPORTANCE OF OBJECTIVES

- 3.2.1 A key principle of effective RM is that all risks are related to, and based upon, objectives. The Council's strategic priorities and objectives are set out in the Council Strategic Plan 2017 – 2022<sup>6</sup>, Services' Annual Service Improvement and Performance Reports (ASPIRs)<sup>7</sup> and other strategies and plans.
- 3.2.2 It is imperative that objectives are clear and understood as they are the basis for the RM process.

## 3.3 RISK IDENTIFICATION TECHNIQUES

- 3.3.1 The following are examples of techniques that may be used to identify risks:
- Drawing on previous experience;
  - Review of key Council documentation including strategies and plans e.g. Council Strategic Plan, Service ASPIRs etc.;
  - Inspection reports and feedback from regulators / standard setters / auditors etc.;
  - Results of self-assessment exercises, e.g. EFQM etc.;
  - SWOT analysis – considering the strengths, weaknesses, opportunities and threats in terms of the Council, Service, Service-area, project and specific objective in question;
  - PESTLE analysis – considering political, environmental, social, technological, legal and economic drivers of the objective and the risks each may present;
  - Performance indicators;
  - Group sessions, workshops and horizon scanning to engage and consult with relevant parties;
  - Questionnaires issued seeking a wide range of views on top risks facing the Council;
  - Interviews with all levels of management and staff – it is important to have a variety and balance of input from senior managers as well as staff engaged in service delivery and who

<sup>6</sup> <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=40052&p=0>

<sup>7</sup> <http://connect.glasgow.gov.uk/article/15797/ASPIR> (intranet link not available to non-Council users)

- may have more practical experience and understanding of issues ‘on the ground’;
- External engagement and benchmarking with other local authorities and organisations, and
- Bow tie analysis – explained in further detail in section 3.6.

## 3.4 RISK CATEGORIES

3.4.1 Once identified, risks can also be categorised by type, as follows:

• Political	• Reputational
• Economic / financial	• Physical / assets
• Social	• Contractual
• Technological	• Environmental
• Legislative / regulatory	• Operational
• Vision and values	• Transformation / change
• HR / people	• Integrity

3.4.2 It is common for risks to cross a number of categories however, best practice is for each risk to be categorised according to the type to which it is **most closely** aligned.

## 3.5 DESCRIBING RISKS

3.5.1 All risks should be crafted to detail the risk, cause and effect:

- Risk:** A brief description of the event or the potential threat (or opportunity).  
**Cause:** The drivers or triggers that may lead to the realisation of the risks / uncertainty.  
**Effect:** The consequences that may arise from the risk / uncertainty materialising.

3.5.2 Risk descriptions themselves are often prefaced with:

*“Loss of....”*                      *“Lack of....”*                      *“Failure to....”*  
*“Inability to....”*                      *“Reduction of....”*                      *“Disruption to....”*  
*“Inappropriate....”*

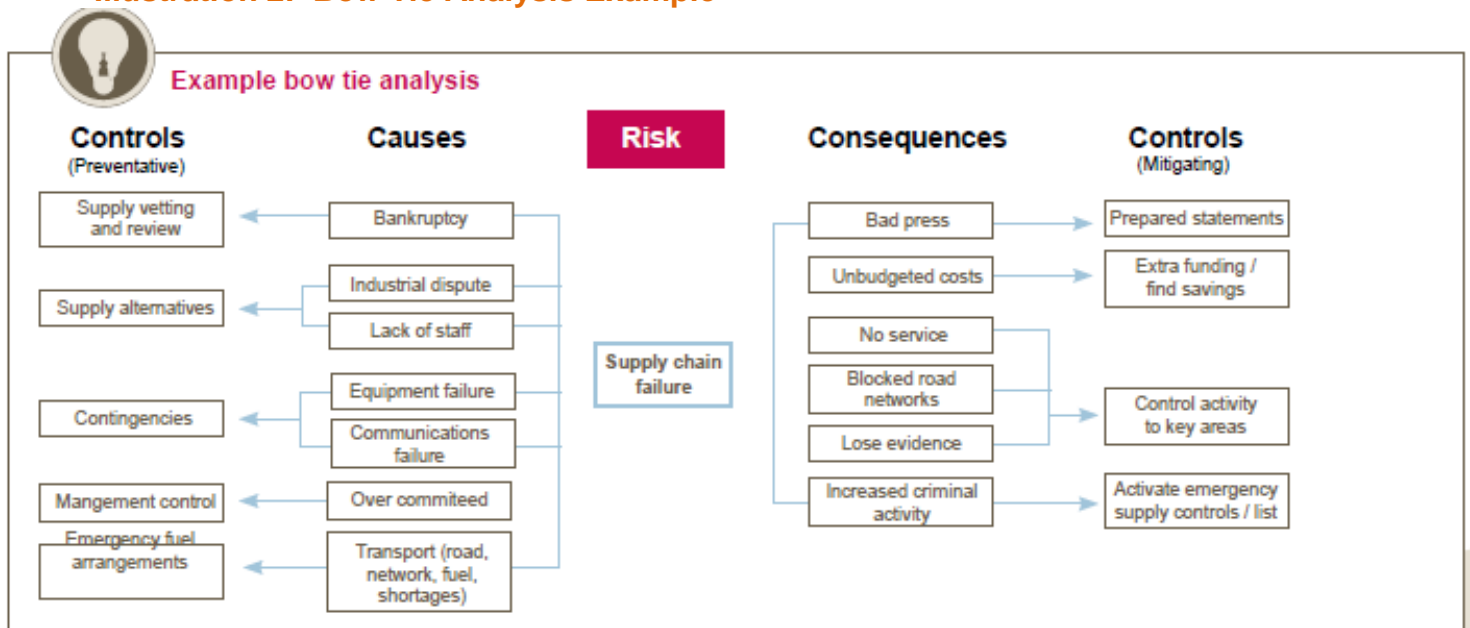
### **Describing Risk - Example:**

- Risk:** Failure to deliver major change projects on time and on budget.  
**Cause:** Lack of, or ineffective, project management; under-estimation of resource requirements; lack of appropriate resources; conflicting priorities.  
**Effect:** Financial pressure; detrimental impact to deliverability of other parts of the programme; increase in temporary staffing costs.

## 3.6 BOW TIE ANALYSIS

- 3.6.1 Bow tie analysis is a visual technique used to identify the potential causes and triggers of risks and the resultant consequences that may arise. The analysis also requires identification of the safeguards and preventative barriers that can be put in place to stop or reduce the chance of the risk arising and the reactive, mitigating actions that can be put in place to control the impact of the risk in the event that it does occur.
- 3.6.2 The approach is a logical one that firstly requires an understanding of the objective and the risk to it. This is the central 'knot' of the bow tie. To the left hand side are threats and events that could lead to the risk event. It is these threats that should be prevented by safeguards and control actions. To the right hand side of the diagram are consequences. These are the worst case results if the event occurs and there are no mitigating actions in place to stop it or mitigate against it.
- 3.6.3 Both types of barrier, preventative and mitigating, should be specific and their performance / implementation verifiable. Specific details are of the essence when using bow tie analysis – they should be ideally be prepared in a workshop environment with a range of participants.
- 3.6.4 Training has been provided to members of the Council's RM community on this model and materials and guidance can be obtained from Corporate Governance. Illustration 2 below is an example of a bow tie analysis in the context of the risk of supply chain failure.

**Illustration 2: Bow Tie Analysis Example<sup>8</sup>**



## 3.7 RECORDING RISKS – RISK REGISTERS

- 3.7.1 Risk Registers are means of recording identified risks and associated information and are the primary tool for effective RM in the Council. The Council has developed a standard Risk Register template which can be found in **Appendix 1**. This is also supported by a quick reference guide on how each part of the template should be completed.

<sup>8</sup> ALARM Risk Management Toolkit (2016) <https://www.alarm-uk.org/>

3.7.2 All Council Risk Registers must adopt this format. Where additional information may be useful, this can be added but the base contents are as follows:

- Risk reference
- Risk status (open or closed)
- Date identified
- Risk title
- Risk description (risk / cause / effect)
- Risk owner (see sections 5.4 and 8.10)
- Responsible officer (see section 5.4)
- Risk category (see section 3.4)
- Risk treatment approach (4T's) (see section 5.3)
- Alignment to the Council's Strategic Plan
- Specific objective linked to each risk
- Inherent assessment (impact x probability)
- Control and mitigating actions
- Residual assessment (impact x probability)
- Planned next steps and future actions
- Change in residual risk scoring in the review period
- Date last reviewed
- Date of next review

3.7.3 In accordance with the various levels of risk management across the Council, the following separate Risk Registers will be developed and maintained:

- Corporate Risk Register (CRR) for strategic risks i.e. uncertain events that may negatively impact the achievement of the Council's vision and strategic objectives;
- Service Risk Registers (SRRs) for operational risks – uncertain events that could negatively impact on the day to day operations of the Service;
- Service-area / team Risk Registers for localised, operational, day to day and staff risks, and
- Programme / project Risk Registers – uncertain events that may impact on the achievement of project or programme objectives.

**Further information can be obtained from:** [corporategovernance@glasgow.gov.uk](mailto:corporategovernance@glasgow.gov.uk)

**Or on Connect at**

<http://connect.glasgow.gov.uk/article/22018/Risk-Management>

# SECTION 4 RM STAGE 2: ANALYSE AND ASSESS RISKS

## 4.1 RISK ANALYSIS AND ASSESSMENT

4.1.1 Once risks have been identified, they must be assessed in terms of how likely it is that they will materialise (**probability**) and, if they do, what might the effects be (**impact**). Every risk will be considered as unique, with its own magnitude and significance. The Council has only finite resources to manage risk, therefore the process of assessing risks provides a means of prioritisation and optimising responses to risks. Decisions on appropriate action and the allocation of resources will then be based on this assessment.

4.1.2 Risk is assessed as a product of probability and impact. A Risk Assessment Matrix has been developed (set out in Illustration 3) which specifies the values to be attributed to each risk for both of these elements. This is a '5x5' matrix and the assessed scores of impact and probability are multiplied together to determine the overall risk score, to a maximum of 25.

**Illustration 3: Corporate Risk Assessment Matrix**

<b>PROBABILITY</b>	Almost certain	5	5	10	15	20	25
	Likely	4	4	8	12	16	20
	Possible	3	3	6	9	12	15
	Unlikely	2	2	4	6	8	10
	Rare	1	1	2	3	4	5
			1	2	3	4	5
			Negligible	Minor	Moderate	Major	Critical

4.1.3 Within Risk Registers, each risk will be assessed twice: once in terms of inherent risk and then in terms of residual risk.

4.1.4 To assess **inherent risk**, the impact and probability must be considered in the absence of any controls: what is the level of risk before controls are considered, what is the susceptibility of the Council to risk, in the first instance? Inherent risk assessment is intended to demonstrate the purpose and effect of control and mitigating actions – it will show the exposure in the event that control and mitigating actions fail.

4.1.5 An assessment of **residual risk** then follows and takes into account the control and mitigating actions identified. Where there is no change in the assessed risk score between inherent and residual, this is generally indicative of a lack of, or ineffective controls or circumstances where the Council is limited in the action it can take.

4.1.6 Risk assessment using probability and impact scoring can be subjective therefore, guidance has been developed to assist with the determination of risk scores. This process requires professional judgement and it is best practice to seek a range of views and perspectives when assessing risks.

## 4.2 ASSESSING PROBABILITY

4.2.1 In assessing probability, the following 1 to 5 scoring system is to be followed:

ASSESSING PROBABILITY			
Score	Description	% of Occurrence	Guidance
5	Almost certain	80 – 100%	Hard to imagine the event not occurring - event occurs regularly
4	Likely	60 – 79%	Probable - more likely to occur than not
3	Possible	35 – 59%	Reasonable chance of occurrence – the event may happen
2	Unlikely	15 – 34%	Not expected to occur and unlikely but still not exceptional
1	Extremely unlikely	0 – 14%	Hard to imagine the event happening, only in exceptional circumstances or once in every 10 years

4.2.2 It is recognised that this assessment is subjective therefore a range of views should be sought as part of the process. It will not be possible to determine an exact chance of occurrence therefore the percentages noted are for guidance only. Reference must be made to experience and information available at the time of assessment.

## 4.3 ASSESSING IMPACT

4.3.1 In assessing impact the following 1 to 5 scoring system is to be followed:

ASSESSING IMPACT	
Score	Description of impact on ability to deliver defined objectives
5	Fundamental / catastrophic
4	Major
3	Moderate
2	Minor
1	Insignificant / negligible

4.3.2 Illustration 4 below provides examples of more detailed impact descriptors. The use of descriptors will assist in ensuring greater consistency when scoring risks however these are indicative only. When using descriptors, each individual objective must be considered on its own merit.



4.3.3 The assessment of impact should be informed with reference to the highest scoring part of the risk i.e. if a risk scores 5 for reputational impact but 4 for all other categories, the risk should be considered to have an overall impact rating of 5.

### Illustration 4: Detailed Impact Assessment Descriptors

Categories	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Fundamental
<b>Strategic/ Operational – Impact on objectives and outcomes</b>	Minor and easily recoverable. Minimal disruption.	Some impact but can recover within the short term. Maximum 1 day disruption.	Some impact but more significant outcomes will take a longer time to achieve. 1-3 days disruption.	Significant impact with some non-recoverable aspects of service. 3-5 days disruption.	Unable to fulfil statutory obligations. Extended disruption (5 days plus). Complete failure to deliver outcomes.
<b>Financial Impact</b>	Negligible (< 1% of budget). Containable within section / team.	Minor (1 – 2.5% of budget). Containable within Service.	Some impact but corrective action can be taken (2.5 – 10% of budget).	Financial performance seriously affected (10 – 25% of budget).	Financial performance critically compromised (> 25% of budget).
<b>Reputational</b>	No interest to the press or damage to public reputation. Complaints.	Some adverse publicity and minor damage to reputation. Local media.	Longer term impact of negative publicity. Moderate reputational impact. Regional media.	National media	Negative media longer than 5 days. International media.
<b>Staff</b>	Minimal disruption to staff - retention remains as expected	Minor staff impact and minimal disruption to staff	Staff unrest and small pockets of industrial relations breakdown	Industrial action. Unable to recruit skilled staff for key roles for an extended period.	Prolonged industrial action ceasing material parts of services. Sustained loss of key staff groups.
<b>Regulatory/ Health and Safety</b>	Minor internal breach. Trivial injury(ies).	Major internal breach. Minor injury(ies).	Minor external breach. Major injury(ies).	Major external breach. Major Injury(ies).	Stops work. Fatality(ies).
<b>Legal</b>	Small number of individual claims	Moderate number of individual claims.	Ombudsman	Litigation	Multiple litigation.
<b>Environmental</b>	Litter	Non-hazardous	Noxious chemicals	Significant contamination	Major incident
<b>Schedule Delivery Programme</b>	< 10% overrun	10 – 15% overrun	16 – 25% overrun	26 – 50% overrun	> 50% overrun

# SECTION 5 RM STAGE 3: RESPOND TO RISK

## 5.1 RESPONDING TO ASSESSED RISK SCORES

- 5.1.1 Once risks have been scored using the Risk Assessment Matrix, the next step is to understand what this score means and use it to inform a suitable response.
- 5.1.2 Each risk, based on its score, will be rated as either **LOW, MEDIUM, HIGH OR VERY HIGH** and will be colour-coded according to the Risk Assessment Matrix at Illustration 3. This rating will determine the broad approach to be taken to the management of each risk, as set out in Illustration 5. This rating reflects the Council’s risk appetite i.e. the level of risk the Council is willing to accept or tolerate which then dictates the level and intensity of response required.
- 5.1.3 It should be noted that work is ongoing in relation to the determination and application of risk appetite for the Council and this document will be updated in due course as this is agreed.

### Illustration 5: Responses to Risk Ratings (1)

Low	<ul style="list-style-type: none"> <li>- Not a priority for treatment / management</li> <li>- In some situations, it may be acceptable for no mitigating action to be taken</li> <li>- All low risks must still be reviewed to ensure no change to their assessed rating</li> </ul>
Medium	<ul style="list-style-type: none"> <li>- Steps should be taken to address these risks</li> <li>- Medium term plans are required to reduce the risk</li> <li>- Normally, as a general rule, within one year but this should be considered on a case by case basis</li> </ul>
High	<ul style="list-style-type: none"> <li>- To be monitored regularly and closely at a senior level</li> <li>- Action is likely to be required to reduce the probability and/or impact to an acceptable level in the short term</li> </ul>
Very High	<ul style="list-style-type: none"> <li>- Priority risks to be actively monitored by extended senior management</li> <li>- Likely to require action to reduce the probability and/or impact urgently</li> </ul>

- 5.1.4 Illustration 6 shows presents an alternative view of this approach and sets out broad responses to each risk rating, low, medium, high and very high.

### Illustration 6: Responses to Risk Ratings (2)

<b>High Probability / Low Impact</b>	<b>High Probability / High Impact</b>
<ul style="list-style-type: none"> <li>- Develop controls if obvious and cost effective</li> <li>- Housekeeping</li> <li>- Monitor on a moderate frequency</li> </ul>	<ul style="list-style-type: none"> <li>- Allocate resource to mitigate and develop strategic response</li> <li>- Avoid</li> <li>- Transfer</li> <li>- Active and frequent monitoring</li> <li>- Escalate and report</li> </ul>
<b>Low Probability / Low Impact</b>	<b>Low Probability / High Impact</b>
<ul style="list-style-type: none"> <li>- Accept</li> <li>- Monitor at least every quarter</li> <li>- Develop controls if obvious and cost effective</li> </ul>	<ul style="list-style-type: none"> <li>- Contingency plans</li> <li>- Audit controls</li> <li>- Consider transfer</li> <li>- Monitor regularly</li> </ul>

## 5.2 RISK APPETITE AND TOLERANCE

- 5.2.1 The Council's strategic risk tolerance is shown on Illustration 3 as the heavy bold line separating the medium and high rated risks.
- 5.2.2 Risks assessed to the left of that line i.e. low and medium rated risks, are to be monitored and risks assessed to the right of the tolerance line i.e. high and very high rated risks, will require further action as these must be actively managed.
- 5.2.3 If during review, it is determined that the appetite around certain risks is increased, this can be effected by the relaxing or the removal of control and mitigating actions. However, any such decision must be carefully informed, recorded and reported and shared with other risk owners to ensure a full and common understanding of potential interplays across various risks.

## 5.3 MANAGEMENT OF RISK

- 5.3.1 In broad terms, any risk can be managed using any of the '4 T's' below:

Risk Treatment	What does it mean?	Examples
<b>Tolerate</b>	Accept the risk and manage within existing resources and arrangements	<ul style="list-style-type: none"> <li>• If the risk is relatively insignificant</li> <li>• If costs of treatment or transfer are greater than the potential benefits</li> <li>• If ability to respond is limited and out with Council's control</li> <li>• If the risk is acceptable to the Council – generally low rated 'green' risks</li> <li>• Do nothing differently beyond existing controls</li> <li>• Focus on contingency plans</li> </ul>

Risk Treatment	What does it mean?	Examples
<b>Treat</b>	Reduce – put in place cost effective control and mitigating actions to reduce the probability of the risk arising; reduce the impact if the risk were to arise, or both	<p>To <b>reduce probability</b> (mitigating action):</p> <ul style="list-style-type: none"> <li>• Staff training to raise awareness of the risk and controls required</li> <li>• Documented procedures and processes with which all staff must comply</li> <li>• Regular monitoring and review of compliance with procedures</li> </ul> <p>To <b>reduce impact</b> (control action):</p> <ul style="list-style-type: none"> <li>• Business continuity plans</li> <li>• IT back-up systems</li> <li>• Public relations and media handling</li> </ul>
<b>Transfer</b>	Let another party take the risk and cover the costs / losses, should they arise	Through insurance or passing operational responsibility for risk to a partner or contractor
<b>Terminate</b>	Avoid - if the risk is considered too high, do not engage in the activity which presents the risk or undertake the activity in a different way to obtain the same desired result	<ul style="list-style-type: none"> <li>• Where treatment of the risk would not reduce the risk to an acceptable level</li> <li>• Risk is undesirable</li> <li>• No capacity to manage the risk to an acceptable level</li> </ul>

5.3.2 Risk Registers must clearly identify which of these four options is the preferred risk management approach. This will inform the level of control and mitigating actions i.e. those risks identified for treatment will have more extensive and proactive actions than those that are tolerated.

## 5.4 IDENTIFICATION OF RISK OWNERS AND RESPONSIBLE OFFICERS

### Risk Owners

5.4.1 Each identified risk will be allocated a designated Risk Owner. They are accountable for the co-ordination of activity required to manage the risk and for monitoring the risk on an appropriate frequency. Details of the responsibilities of the Risk Owner can be found in section 8.

5.4.2 Risk Owners should be appropriately senior to ensure empowerment and authority to recommend the allocation of resources to manage risks which should then be agreed by either Service senior management or the Extended Corporate Management Team. Risk owners should be listed by name or specific job title on Risk Registers and should be familiar with the risk area and objective in question.

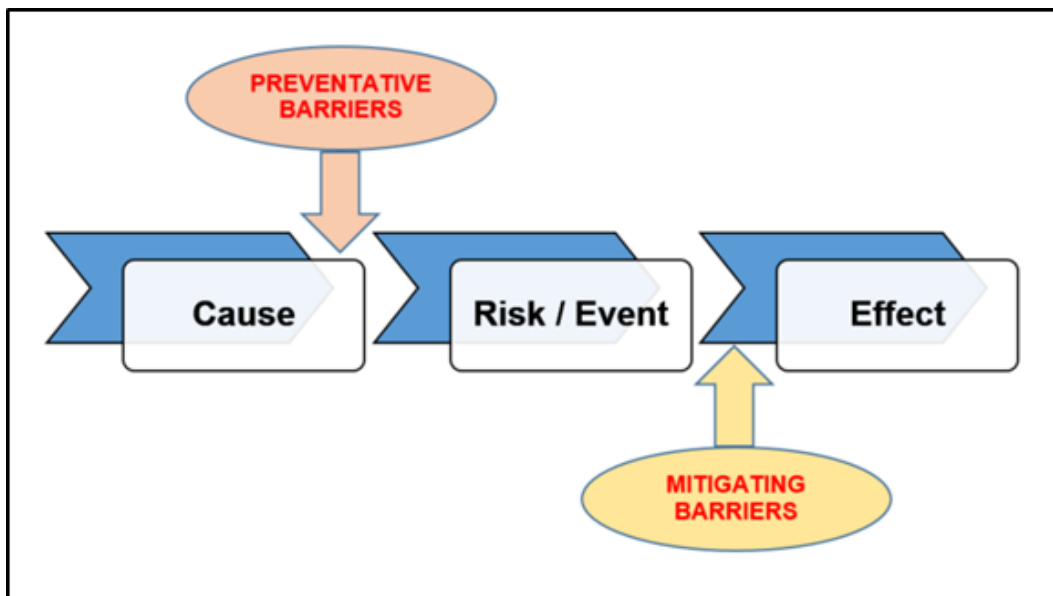
### Responsible Officers

5.4.3 As well as a Risk Owner, each risk should have a designated Responsible Officer. This is generally an officer who works alongside the Risk Owner and who is responsible for implementing agreed actions. They will support the Risk Owner.

## 5.5 TREATING RISKS WITH CONTROL AND MITIGATING ACTIONS

- 5.5.1 Recall the way in which the Council describes risk using the three elements: risk, cause and effect, as set out in section 3.5. These elements also impact on how a risk can be treated as different approaches can be taken to address both cause and effect as set out in Illustration 7.
- 5.5.2 Cause can be considered in terms of **preventative measures** – the potential drivers of risk materialising are understood so cause can be targeted to take steps to stop these from arising i.e. preventative barriers. These measures are aimed at reducing **PROBABILITY**. For example:
- Documented policies and procedures
  - Training
  - Recruitment
  - Risk assessment
- 5.5.3 Effect can be considered in terms of **mitigating measures** – the event has occurred so focus shifts to how the consequences can be minimised or better managed. These measures are aimed at reducing **IMPACT**. For example:
- Business continuity plans
  - Emergency response
  - Insurance
  - Public relations

### Illustration 7: Preventative and Mitigating Barriers



- 5.5.4 When devising control and mitigating actions, these must be tangible with a clear audit trail as they could be subject to audit.
- 5.5.5 Control and mitigating actions should be devised with regard to the Council's internal control environment and the range of measures in place to ensure achievement of objectives; completeness and accuracy of processes, and effectiveness of operations.
- 5.5.6 Additionally, the cost and resource requirements to implement and sustain a mitigation must be considered and balanced against the risk tolerance.

5.5.7 Risk will materialise therefore contingency arrangements must also be identified as part of the response to risk.

## **5.6 RISK AS OPPORTUNITY**

- 5.6.1 As risk relates to uncertainty, as well as presenting threats, it can also present opportunities. Opportunity risk management involves actively taking advantage of risk through realisation, enhancement and exploitation of opportunities, where there is scope to gain benefit.
- 5.6.2 In addition to the 4T's of risk treatment, set out at section 5.3, a fifth 'T' applies for 'take' i.e. take advantage of the uncertainty. Opportunities should be considered on a case by case basis and the resources required for their pursuit and realisation determined.

# SECTION 6 RM STAGE 4: MONITORING AND REPORTING

## 6.1 MONITORING RISKS

6.1.1 Risk Registers (as detailed in section 3.7) form the basis of the ongoing and iterative risk monitoring and review process and allow for the identification of trends, progress and action required.

### Why Monitor Risk?

6.1.2 The purpose of monitoring and reporting risk is threefold:

- To monitor whether the risk profile of the Council is changing and react accordingly;
- To gain assurance that RM is effective i.e. treatment is addressing risks as expected, and
- To identify further actions required to manage risks.

6.1.3 Risks should not remain static for extended periods of time. The risk profile of the Council is changeable and the effectiveness of the agreed responses to individual risks should also drive changes in assessed risk scores.

6.1.4 Regular monitoring and review of each identified risk is crucial to ensure Risk Registers are up to date. Uncertainty may have in/decreased gradually over time or changed sharply and suddenly in response to extenuating circumstances. Also, as control and mitigating actions are embedded, risk scores may decrease. Monitoring will detect these changes and allow them to be fed into the RM process.

6.1.5 Monitoring and review also allows the Council to learn lessons from events and trends and to ensure the continued appropriateness and effectiveness of identified control and mitigating actions.

6.1.6 Exact requirements and frequencies for monitoring risks will vary depending on the assessed risk score and rating and its position in relation to the Council's risk appetite, as set out in Illustrations 5 and 6.

6.1.7 A key part of the review and monitoring process is the consideration of effectiveness. Once control and mitigating actions are identified and implemented, if this has proven ineffective in reducing the risk scoring, alternative or additional measures will be required.

6.1.8 The review of Risk Registers should be documented to provide an audit trail of discussions and agreed changes in the reporting period. This need not be onerous and could be as simple as the addition of a column, for internal use only, within the Risk Register, setting out the agreed changes to individual risks and recording where risks have been escalated.

6.1.9 Alternatively, separate control sheets / reports can be prepared, approved and retained for each review. These should detail the discussions undertaken as part of the review; new risks identified; closed risks; changes to risk descriptions and assessed risk scores and any updates to control and mitigating actions. Also, any decisions on escalations should be documented.



## 6.2 ESCALATING AND REPORTING RISK

- 6.2.1 The multi-level risk structure operated by the Council, as set out in section 2.1.5, provides for a top down approach driven by corporate and Service objectives but one which also ensures clear routes for escalation of risks between levels and ensures the alignment of strategic and operational risks.
- 6.2.2 Individual risks cannot be considered in isolation as they may have a bearing on others – this is why clear escalation and reporting routes are important – to ensure awareness and maximise efficiency of control and mitigating actions which may be able to tackle more than one risk simultaneously.
- 6.2.3 **Project / Programme Risk Register:**
- Used to record, monitor and manage risks associated with specific initiatives, projects or major programmes.
  - Owned by the project / programme manager.
  - Should be reported to the project / programme Board on a regular basis, at least quarterly however, more frequent reporting should be implemented depending on the project / programme timescales and progression rates i.e. where a programme / project is relatively short term in nature, increased reporting frequency will be required.
  - Where a project is part of a wider programme, very high project risks should be escalated to the Programme Management Office, or equivalent, to determine any wider impacts.

**Further information on the Council's approach to managing projects can be found in the Corporate Project Management Toolkit, available on Connect at <http://connect.glasgow.gov.uk/toolkit>**

**Or from [corporategovernance@glasgow.gov.uk](mailto:corporategovernance@glasgow.gov.uk)**

- 6.2.4 **Service area / function / team Risk Register:**
- Should be a standing item on the agenda of team / Service-area meetings, with a formal review on a quarterly basis, at least or following significant service or structural changes.
  - Owned by the relevant Head of Service, supported by Service-area managers.
  - Very high risks and those identified for escalation should be fed into the Service Leadership or Senior Management Team for discussion and consideration of wider Service impact.
- 6.2.5 **Service Risk Register:**
- Should be a standing item on the agenda of the Service Leadership or Senior Management Team with a formal review on a quarterly basis, at least or following significant service or structural changes.
  - Owned by Service Directors who should seek assurance from Risk Owners that their assessment remains current and that risk is being effectively monitored and managed.
  - On a quarterly basis, updated Service Risk Registers should be submitted to Corporate Governance.
  - May include escalated risks from Service-area/function/team Risk Registers.
  - Very high risks should be discussed at the Operational Risk Management Forum and considered for escalation into the Corporate Risk Register.

6.2.6

**Corporate Risk Register:**

- Sets out the strategic risks to the Council.
- Maintained by Corporate Governance in conjunction with Risk Owners and the Operational Risk Management Forum (ORMF) and reviewed on a quarterly basis.
- May include risks escalated from Service-level Risk Registers.
- On a bi-annual basis, reports are presented to the Extended Corporate Management Team and the Finance and Audit Scrutiny Committee (FASC). The position as at 31 March is generally reported in May and the position as at 30 September generally reported in November.

6.2.7 It is important that where significant emerging or escalating risks are identified out with the scheduled reporting periods, these should be discussed with Service Directors and Corporate Governance as soon as possible.

**6.3 REVIEW – POINTS FOR CONSIDERATION**



## 6.4 SUMMARY OF RISK REPORTING

6.4.1 The table below sets out a summary of the formal reporting requirements in relation to Risk Registers. These are set out as a minimum.

Risk Register / Report	Responsible	Reported To	Frequency
<b>Corporate Risk Register</b>	Compliance Manager	ECMT and FASC	Bi-annually
<b>Service Risk Register</b>	Service Risk Management Champion	Service Leadership / Senior Management Team and Corporate Governance	Quarterly (at least)
<b>Service area / function / team Risk Registers</b>	Team Manager	Head of Service and Service Risk Champion (for consideration in the Service Risk Register)	Quarterly (at least)
<b>Project / Programme Risk Registers</b>	Project / Programme Managers	Project / Programme Boards (and other agreed parts of applicable governance structures – see Project Management Toolkit)	Quarterly (at least)

# SECTION 7 RM STAGE 5: INTEGRATING RISK MANAGEMENT

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## 7.1 INTEGRATION OF RISK MANAGEMENT

- 7.1.1 RM must not be seen simply as an operational issue – it must be considered when the Council is developing policies and strategies and be an integral part of project and programme planning. In short, RM should be integrated with the Council's strategic planning and performance management arrangements. As strategic plans and objectives are developed, risks should be identified and recorded at a Service and corporate level.
- 7.1.2 It is important that Service Directors and managers integrate the functions of planning and RM. They should also retain flexibility within budgets and resource allocations to allow control and mitigating actions to be implemented, as required. RM may also highlight scope for efficiencies, perhaps where risks are over-managed and control and mitigating actions are beyond the level required and can therefore be scaled back presenting a possible financial saving and/or the ability to reallocate staff.
- 7.1.3 A key element of the RM process is learning lessons about the organisation: to be effective and fully embedded, RM should feed into the business planning process and the knowledge gathered from RM used to inform the future.

# SECTION 8 ROLES AND RESPONSIBILITIES

## 8.1 ELECTED MEMBERS AND COUNCIL COMMITTEES

- Understand risk management arrangements and consider the implications of risk during decision making and policy approval
- Through the relevant Committee(s):
  - oversee the effective management of risk
  - monitor the adequacy of the Council's overall risk management arrangements
  - receive regular reports from the Director of Governance and Solicitor to the Council on risk management arrangements

## 8.2 CHIEF EXECUTIVE

- Endorse and promote the RM Policy and Framework
- Ensure a Corporate Risk Register is established and maintained

## 8.3 EXTENDED / CORPORATE MANAGEMENT TEAM

- Approve the RM Policy and Framework, including the Council's risk appetite i.e. the level of risk it is prepared to tolerate
- Champion and support the implementation of the RM Policy and Framework and creation of a culture where RM is embedded, valued and effectively undertaken
- On a six-monthly basis, formally review the key risks facing the Council included in the Corporate Risk Register, specifically considering their importance against strategic objectives, and the associated controls
- Ensure that consideration is given to identifying and managing risks associated with the delivery of the Council Plan and major strategic initiatives
- Support the activities of the Operational Risk Management Forum
- Ensure that all strategic risks are effectively managed and undertake the role of Risk Owner, as appropriate

## 8.4 DIRECTOR OF GOVERNANCE AND SOLICITOR TO THE COUNCIL

- Promoting and champion the application of the RM Policy and Framework
- Ensuring appropriate resources are allocated to support the Elected Members, Services and Council officers in the effective implementation of the Policy and Framework
- Receive from Corporate Governance reports on compliance with the RM Policy and Framework and act as an escalation point for any issues of non-compliance

## 8.5 SERVICE DIRECTORS

- Ensure that RM is embedded at all levels within their area of responsibility
- Manage strategic and operational risks within their Service to safeguard employees and service users, protect assets and preserve and enhance service delivery to the population
- Ownership of specific risks within the Corporate Risk Register, as appropriate
- Maintain the effective stewardship of public funds and the promotion of a favourable corporate image
- Establish and maintain a Service Risk Register
- Allocate sufficient resources to allow for effective RM within the Service

## 8.6 SERVICE LEADERSHIP / SENIOR MANAGEMENT TEAMS

- Ensure risk is managed effectively at all levels in each Service area
- Monitor the Service Risk Register with formal reports reviewed on a regular (at least quarterly) basis
- Ensure risk management is linked to Service Annual Service Plan and Improvement Reports (ASPIRs) and major programmes and projects etc.
- Ensure compliance with the Corporate Risk Management Policy and Framework
- Support the RMCs (as per section 8.13)

## 8.7 HEAD OF AUDIT AND INSPECTION

- Review the effectiveness of the RM Policy and Framework and Services' compliance with it
- Review the progress with the implementation of mitigating and control actions
- For the purposes of the Annual Internal Audit Report, consider whether RM is being effectively delivered throughout the Council

## 8.8 CORPORATE GOVERNANCE

- Responsible for the development, maintenance and ongoing review of the RM Policy and Framework
- Support Elected Members, Services and Council officers in the effective implementation of the RM Policy and Framework
- Co-ordinate the Council's RM activity
- Develop, maintain and report on the Council's Corporate Risk Register
- Prepare and present six-monthly reports to the Extended Corporate Management Team and, on behalf of the Director of Governance and Solicitor to the Council, to relevant Council Committee
- Assist in providing support and training on RM
- Chair the Operational Risk Management Forum
- Hold Services to account for implementation of the RM Policy and Framework, including challenging agreed actions and risk assessments
- Promote and facilitate the sharing of risk information and best practice across the Council Family
- Seek assurance from Services in respect of their adherence to and compliance with the Framework. This will be discussed at the Operational Risk Management Forum and reported to the Director of Governance and Solicitor to the Council.

## 8.9 SERVICE MANAGERS

- Effectively identify and manage risk within their particular Service areas
- Implement the Council's RM Policy and Framework across their area of responsibility
- Work with Service Risk Management Champions to ensure relevant information is captured on Risk Registers, updated, escalated and reported as required

## 8.10 RISK OWNERS

- Managing all aspects of assigned risks
- Obtaining additional resource or support as required to manage and monitor assigned risks
- Ensuring assigned risks are regularly updated in Risk Registers
- Determining the actions required to mitigate risks and ensuring these are implemented fully and effectively and ensuring the impacts of these measures on risk scoring are reflected

## 8.11 FINANCIAL SERVICES INSURANCE SECTION

- Identifying financial exposure to the Council's Insurance Fund through claims monitoring
- Reporting of claims data to Heads of Service
- Identifying risk exposures through claims monitoring

## 8.12 EMPLOYEES

- Monitor their own functions/teams on an ongoing basis to identify new and emerging risks and escalate as necessary, in line with this Framework
- Report events, incidents or accidents which could expose the Council to risk
- Make every effort to be aware of situations that may place themselves or others at risk and report identified hazards
- The following areas are typical of those in which care must be exercised at all times:
  - slips, trips or falls
  - working at height
  - manual handling etc.
  - driving while on Council business
- Ensuring, alongside line management, that appropriate training has been completed to carry out their duties

## 8.13 RISK MANAGEMENT CHAMPIONS

- 8.13.1 Each Council Service will designate an appropriate officer as its Risk Management Champion (RMC). Services will also identify appropriate deputies. RMCs must be supported by Senior Management within their Service to ensure the importance of RM is understood and embedded across the Service.
- 8.13.2 RMCs are responsible for supporting the compliant implementation of the RM Policy and Framework by ensuring that:
- the RM process is championed and adhered to consistently across the Service
  - Risk Registers are developed, maintained and regularly reviewed (at least quarterly) for sections/teams/functions
  - an overall Service Risk Register (SRR) is developed, maintained and regularly reviewed (at least quarterly)
  - SRRs are reported to the Service Leadership / Senior Management Team on a quarterly basis
  - SRRs are provided to Corporate Governance on a quarterly basis
  - arrangements are in place for RM information and guidance to be communicated to all relevant staff

## 8.14 OPERATIONAL RISK MANAGEMENT FORUM

- Promote a risk management culture at all levels within the Council, ensuring it is a key consideration in decision making and governance
- Provide a forum where Service-level risks can be discussed and considered for escalation into the Corporate Risk Register
- Identify and assess risks and mitigating actions for inclusion in the Corporate Risk Register
- Review, as a minimum every 6-months, the Corporate Risk Register
- Champion the corporate approach to risk management and business continuity
- Develop, share and promote information and best practice about risk management and business continuity across the Council Family
- Provide a forum for updating and reviewing the Council's risk management and business continuity policy and strategy arrangements, including associated corporate templates
- Co-ordinate the development and implementation of a training, testing and exercising programme for business continuity
- Engage with and support Corporate Governance in leading the Council in risk management and business continuity
- Engage with Corporate Governance with respect to technological solutions for risk management and business continuity



# SECTION 9 GOVERNANCE AND COMPLIANCE

## 9.1 INTERNAL AUDIT

9.1.1 Compliance with this RM Framework may be subject to review by the Council's Internal Audit section. Such reviews will generally be intended to provide assurance to Elected Members and senior management that the control environment around the operation of the Framework is effective. The findings from these reviews will be presented to the relevant Council Committee.

## 9.2 LINKS TO BUSINESS CONTINUITY

9.2.1 The relationship between RM and Business Continuity Management is a circular one: in completing RM processes, Services will identify information that should be reflected in their business continuity management arrangements and vice versa e.g. contingency plans identified as a response to risks if they occur.

9.2.2 The Council's Business Continuity Management Policy and Framework<sup>9</sup> provides detailed guidance on the steps Services are required to take to ensure the Council can continue to operate and provide services, even in times of crisis or during a serious disruptive incident.

9.2.3 In developing and maintaining Risk Registers, Services must refer to their Business Continuity management materials, including Business Impact Analyses and Business Continuity Plans, to ensure these reflect functions and activities which are essential to service delivery and operations and what is required to mitigate the risks associated with them being disrupted.

## 9.3 BEST VALUE

9.3.1 RM and Best Value (BV) share a number of common goals. They are both based on principles of quality management; they require a co-ordinated and integrated approach across all areas of corporate activity, and everyone in the chain of service needs to be involved in the process.

9.3.2 Best Value cannot be delivered unless the organisation's assets and objectives are protected. RM is a system for controlling all risks that threaten the assets and objectives of the authority and so the two concepts form a valuable partnership. To achieve this there is a requirement at all levels for clear and effective communication and that the escalation procedures are strictly adhered to.

9.3.3 Along with achieving BV, this Framework will help ensure that the Council maintains the effective stewardship of public funds; maintains sound corporate governance, and protects the Council's corporate image.

9.3.4 To ensure continuous improvement in RM, the Policy and Framework will be kept under review.

<sup>9</sup> <http://connect.glasgow.gov.uk/article/13127/Business-Continuity>

# SECTION 10 DOCUMENTATION AND RECORDS MANAGEMENT

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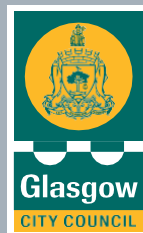
- 10.1 The following documentation will be generated through the implementation of the RM Framework:
- Corporate Risk Register;
  - Service Risk Registers;
  - Service/function/team level Risk Registers;
  - Programme and project Risk Registers;
  - Section/function/team level Business Impact Assessments (BIAs);
  - Service-level Business Impact Assessments (BIAs);
  - Section/function/team level Business Continuity Plans (BCPs);
  - Service-level Business Continuity Plans (BCPs);
  - Reports to relevant Council Committees, Extended Council Management Team and Service Leadership / Senior Management Teams;
  - Internal Audit Terms of Reference, and
  - Internal Audit reports.
- 10.2 All RM related documentation will adhere to the Council's Records Management arrangements and Information Security guidelines.
- 10.3 A dedicated area has been set up on EDRMS to store all risk management materials and information. This will provide appropriate access and distribution control. This area will be overseen by Corporate Governance and each Service will be provided with its own secure folder in which to save relevant RM documentation, including Service Risk Registers.
- 10.4 Services should not store RM documentation locally: all RM material must be held in the dedicated area.

Any queries on this document can be directed to:

Corporate Governance Compliance  
City Chambers  
Glasgow  
G2 1DU

**Tel:** 0141 287 3771

**e-mail:** [corporategovernance@glasgow.gov.uk](mailto:corporategovernance@glasgow.gov.uk)



**Corporate Governance  
Workstream Risk Register Guide  
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**GLASGOW CITY COUNCIL**  
**RISK MANAGEMENT POLICY AND FRAMEWORK - RISK REGISTER TEMPLATE**

**Guidance on how to complete the Risk Register:**

The Council's Risk Register template is attached at sheet (2). This is the required format for all Glasgow City Council Risk Registers. This sheet provides guidance on how to complete each part of the Risk Register template. Detailed information can be found in the Council's Risk Management Policy and Framework at <http://connect.glasgow.gov.uk/article/22471/Risk-Management-Policy-and-Framework>

COLUMN HEADER	GUIDANCE FOR COMPLETION
<b>Risk Ref No</b>	Each risk should be identified using unique reference numbers. It is recommend that Service-level Risk Registers use the following convention: <ul style="list-style-type: none"> <li>- Chief Executive's Department: CEX001 etc.</li> <li>- Development and Regeneration Services: DRS001 etc.</li> <li>- Education Services: EDU001 etc.</li> <li>- Financial Services: FS001 etc.</li> <li>- Land and Environmental Services: LES001 etc.</li> <li>- Social Work Services/Glasgow HSCP: HSCP001 etc.</li> </ul> Programmes and projects should ensure identifiers are specific enough to convey the lead Service and project title.
<b>Status</b>	Each risk added to the Risk Register will either be "Open" for new or existing risks, or "Closed" for risks retired or transferred. The Risk Register template has been formatted to provide these as drop down options for selection.
<b>Date Identified</b>	The date the risk was identified, agreed and added to the Risk Register should be recorded. The Risk Register is formatted to ensure this is shown as DD/MM/YYYY.
<b>Risk Title</b>	Be specific and clear yet concise - provide enough information to convey the nature of the risk. For example, "weather" would not be a helpful title and could be improved by stating "delays caused by adverse weather". Readers should be able to understand the nature of the risk from the title alone.
<b>Risk Description</b>	This should be a short description of the risk defined in terms of RISK, CAUSE and EFFECT. Please refer to section 3.5 of the Council's Risk Management Policy and Framework for detailed guidance on how to define and construct risk descriptions.
<b>Council Strategic Plan Alignment</b>	Each risk should be aligned to one of the seven cross cutting themes within the Council's Strategic Plan 2017 - 2022. These are: <ul style="list-style-type: none"> <li>- A thriving economy</li> <li>- A vibrant city</li> <li>- A healthier city</li> <li>- Excellent and inclusive education</li> <li>- A sustainable and low carbon city</li> <li>- Resilient and empowered neighbourhoods</li> <li>- A well governed city that listens and responds</li> </ul> It is recognised that risks may be aligned to more than one theme however the primary theme should be selected. The Risk Register is formatted to allow selection of the most appropriate theme from a drop down list.
<b>Related Objectives</b>	Risks are always related to objectives. This column should record the specific corporate, Service, programme or project objective to which the risk relates.
<b>Primary Risk Category</b>	Thirteen types of risk category have been identified and the Risk Register template is formatted to allow selection of the most appropriate category from a drop down list. It is recognised that risks may cover a number of categories but judgement should be used to identify the primary category. Please refer to section 3.4 of the Council's Risk Management Policy and Framework for detailed guidance on risk categories.
<b>Risk Owner</b>	An individual must be named as a Risk Owner. This person must have the authority to address the risk, including implementing control and mitigating actions, and is accountable for the management of that risk. Risk Owners must be appropriately senior to make decisions in relation to the management of risk. Risk Owners are responsible for: <ul style="list-style-type: none"> <li>- Managing all aspects of assigned risks</li> <li>- Obtaining additional resource or support as required to manage and monitor assigned risks</li> <li>- Ensuring assigned risks are regularly updated in Risk Registers</li> <li>- Determining the actions required to mitigate risks and ensuring these are implemented fully and effectively and ensuring the impacts of these measures on risk scoring are reflected</li> </ul>
<b>Responsible Officer</b>	An individual must be named as Responsible Officer. This is generally an officer who reports to, or supports, the Risk Owner and who is responsible for the management of the risk on a detailed level and the implementation of agreed actions.
<b>Inherent Assessment</b>	
<b>Inherent Impact (II)</b>	This is the initial impact of the risk assessed on the basis that NO control action or mitigation is put in place. The inherent assessment is normally only carried out when a risk is initially identified however it can be revised if there are material changes in circumstance. For more information on assessing impact please see sheet (3) of this workbook. These boxes are programmed to accept only values between 1 and 5 - an error message will present if other values are input. Further information on inherent risk can be found in section 4.1 of the Risk Management Policy and Framework.
<b>Inherent Probability (IP)</b>	This is the initial impact of the risk assessed on the basis that NO control action or mitigation is put in place. The inherent assessment is normally only carried out when a risk is initially identified however it can be revised if there are material changes in circumstance. For more information on assessing probability please see sheet (3) of this workbook. These boxes are programmed to accept only values between 1 and 5 - an error message will present if other values are input. Further information on inherent risk can be found in section 4.1 of the Risk Management Policy and Framework.
<b>Inherent Risk (IR)</b>	This is calculated automatically and is a function of inherent impact multiplied by inherent probability.

COLUMN HEADER	GUIDANCE FOR COMPLETION
<b>Inherent Rank</b>	This is populated automatically and reflects the risk assessment matrix set out on sheet (3) of this workbook. These boxes are programmed to show a "check" message where no values are input against inherent impact and/or probability.
<b>Risk Treatment Approach</b>	This should be a short statement of how the risk will be managed under the four 4T's set out in section 5.3 of the Risk Management Policy and Framework: tolerate; treat; transfer, or terminate. Where a risk will be treated, this cell should set out whether that probability or impact will be managed.
<b>Control and Mitigating Actions</b>	This is an action put in place to manage a risk. The effectiveness of this control action should be monitored on at least a four weekly basis. These actions should be SMART (specific, measurable, achievable, relevant and time-bound). Given that the implementation of control and mitigating actions is frequently subject to audit, these should be tangible and evidenced. Further information, including the difference between controls (preventative measures) and mitigation can be found in section 5.5 of the Risk Management Policy and Framework.
<b>Residual Assessment</b>	
<b>Residual Impact (RI)</b>	This is the impact of the risk assessed based on the control action or mitigation put in place. This assessment is carried out on an ongoing basis. For more information on assessing impact please see the descriptors example on sheet (3) of this workbook. These boxes are programmed to accept only values between 1 and 5 - an error message will present if other values are input. Further information on residual risk can be found in section 4.1 of the Risk Management Policy and Framework.
<b>Residual Probability (RP)</b>	This is the probability of the risk assessed based on the control action or mitigation put in place. This assessment is carried out on an ongoing basis. For more information on assessing probability, please see sheet (3) of this workbook. These boxes are programmed to accept only values between 1 and 5 - an error message will present if other values are input. Further information on residual risk can be found in section 4.1 of the Risk Management Policy and Framework.
<b>Residual Risk (RR)</b>	This is calculated automatically and is a function of residual impact multiplied by residual probability. The calculated scoring is aligned to the risk assessment matrix within the Risk Management Policy and Framework and will inform the ranking of the risk.
<b>Residual Rank</b>	This is populated automatically and reflects the risk assessment matrix set out on sheet (3) of this workbook. Based on its RR score, each risk will be ranked as either very high, high, medium or low. These ratings are used to inform the response to risk. These boxes are programmed to show a "check" message where no values are input against residual impact and/or probability.
<b>Date Reviewed</b>	This is an control and audit field that must be completed with the date that the risk was last reviewed. This must be in accordance with the review period set out in section 6.4 of the Risk Management Policy and Framework.
<b>Movement in Period</b>	The column is used to record the changes in the residual risk score in the period. The Risk Register is formatted to allow selection from a drop down list to show where a risk score has increased, decreased or remained static in the period - one of these options must be selected for each risk every time the risk is reviewed. Where a risk has been added as new, select "new" and where a risk has been closed, select "closed".
<b>Planned Next Steps and Future Actions Required</b>	Where specific decisions or actions are required in respect of a risk, these should be recorded here and updated regularly. For example, where a procedural document is planned for introduction which will be used as a mitigating action, the finalisation and implementation of this should be recorded as a next step.
<b>Date of Next Review</b>	This is a control and audit field. The date that each risk is next due to be reviewed should be recorded. This must be in accordance with the review period set out in section 6.4 of the Risk Management Policy and Framework. The Risk Register is formatted to ensure this is shown as DD/MM/YYYY.



Service:	
Function/ Team/ Programme/ Project Title:	
Contact Name and Tel. No.:	

Risk Ref No	Status	Date Identified	Risk Title	Risk Description	Council Strategic Plan Alignment	Related Objective	Primary Risk Category	Risk Owner	Responsible Officer	INHERENT ASSESSMENT				RESIDUAL ASSESSMENT				Date Reviewed	Movement in Period			
										Inherent Impact	Inherent Probability	Inherent Risk	Inherent Rank	Risk Treatment Approach	Control and Mitigating Actions	Residual Impact	Residual Probability			Residual Risk	Residual Rank	
				RISK: CAUSE: EFFECT:								0	Check					0	Check			
				RISK: CAUSE: EFFECT:								0	Check						0	Check		
				RISK: CAUSE: EFFECT:								0	Check						0	Check		
				RISK: CAUSE: EFFECT:								0	Check						0	Check		
				RISK: CAUSE: EFFECT:								0	Check						0	Check		
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Service:	
Function/ Team/ Programme/ Project Title:	
Contact Name and Tel. No.:	

Risk Ref No	Status	Date Identified	Risk Title	Risk Description	Council Strategic Plan Alignment	Related Objective	Primary Risk Category	Risk Owner	Responsible Officer	INHERENT ASSESSMENT				Risk Treatment Approach	Control and Mitigating Actions	RESIDUAL ASSESSMENT				Date Reviewed	Movement in Period
										Inherent Impact	Inherent Probability	Inherent Risk	Inherent Rank			Residual Impact	Residual Probability	Residual Risk	Residual Rank		
				RISK: CAUSE: EFFECT:								0	Check					0	Check		
				RISK: CAUSE: EFFECT:								0	Check					0	Check		
				RISK: CAUSE: EFFECT:								0	Check					0	Check		
				RISK: CAUSE: EFFECT:								0	Check					0	Check		



**GLASGOW CITY COUNCIL  
RISK MANAGEMENT POLICY AND FRAMEWORK - RISK REGISTER TEMPLATE**

**Guidance on risk assessment:**

All risk must be assessed in accordance with the following Risk Assessment Matrix:

<b>PROBABILITY</b>	Almost certain	5	5	10	15	20	25
	Likely	4	4	8	12	16	20
	Possible	3	3	6	9	12	15
	Unlikely	2	2	4	6	8	10
	Rare	1	1	2	3	4	5
			1	2	3	4	5
			Negligible	Minor	Moderate	Major	Critical
			<b>IMPACT</b>				

When assessing risks, the following guidance should be applied:

<b>ASSESSING PROBABILITY</b>			
Score	Description	% of Occurrence	Guidance
5	Almost certain	80 – 100%	Hard to imagine the event not occurring - event occurs regularly
4	Likely	60 – 79%	Probable - more likely to occur than not
3	Possible	35 – 59%	Reasonable chance of occurrence – the event may happen
2	Unlikely	15 – 34%	Not expected to occur and unlikely but still not exceptional
1	Extremely unlikely	0 – 14%	Hard to imagine the event happening, only in exceptional circumstances or once in every 10 years

<b>ASSESSING IMPACT</b>	
Score	Description of impact on ability to deliver defined objectives
5	Fundamental / catastrophic
4	Major
3	Moderate
2	Minor
1	Insignificant / negligible

More detailed guidance on assessing impact can be found at section 4.3 of the Risk Management Policy and Framework