



Item No. 17

Meeting Date Wednesday 19th February 2020

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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

RISK MANAGEMENT QUARTERLY UPDATE

Purpose of Report:	<p>To provide an update to the IJB Finance, Audit and Scrutiny Committee on the status of the risk registers being maintained within the Glasgow City Health and Social Care Partnership.</p> <p>This report covers the review carried out in January 2020 in respect of changes to risk in the quarter ending December 2019.</p>
Background/Engagement:	<p>The risk registers maintained within the Partnership are required to be regularly reviewed and updated by the relevant risk owners and risk managers, and reported to this Committee on a quarterly basis.</p>
Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none">a) note this report, andb) note the current highest risks on the Integration Joint Board, Social Care 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.

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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The maintenance of a risk management framework within the Partnership aligns with Outcome 9 (Resources are used effectively and efficiently in the provision of health and social care services).
Personnel:	Risks with a potential impact on staff are identified in the risk registers.
Carers:	N/A
Provider Organisations:	Risks in relation to Provider Organisations are identified in the risk registers.
Equalities:	N/A
Fairer Scotland Compliance:	N/A
Financial:	Risks with a potential financial impact are identified in the risk registers.
Legal:	Risks with a potential legal impact are identified in the risk registers.
Economic Impact:	Risks with a potential economic impact are identified in the risk registers.
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	Risk implications are detailed in the risk registers.
Implications for Glasgow City Council:	Risk implications to Glasgow City Council are detailed in the Social Care risk register
Implications for NHS Greater Glasgow & Clyde:	Risk implications to NHS GGC are detailed in the Health risk register

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1. Purpose

- 1.1. The purpose of this report is to provide an update to the IJB Finance, Audit and Scrutiny Committee on the status of the risk registers being maintained within the Glasgow City Health and Social Care Partnership.
- 1.2. This report covers the review carried out in January 2020 in respect of changes to risk in the quarter from 1 October 2019 to 31 December 2019.

2. Integration Joint Board Risk Register

- 2.1. The Integration Joint Board Risk Register is maintained, updated and reported in line with the Glasgow City IJB Risk Management Policy.
- 2.2. The last quarterly review of this risk register was carried out in **October 2019**.
- 2.3. There was **1** risk added to the register since the last quarterly review:

Ref 0934: The risk of failing to deliver transformation of Primary Care services as specified in the Primary Care Improvement Plan (PCIP) was added to the risk register with an inherent risk level of 'High'.

- 2.4. There were **2** risks recommended for closure since the last quarterly review:

Ref 0516: The risk of clinical and professional governance arrangements being established fail to discharge duties incumbent on them has been closed. The arrangements referred to in this risk have been fully established for some time.

Ref 0520: The risk of budget allocations to the HSCP requiring unprecedented level of savings has been closed due to a forecast (and reported) £9m underspend for 2019/20.

- 2.5. There were **no** risks on the register where the current risk levels either increased or decreased since the last quarterly update review.
- 2.6. At the conclusion of the January 2020 review there were **11** 'live' risks on the register, with **1** risks having a current risk level of 'Very High', **6** risks with a risk level of 'High' and **4** risks with a risk level of 'Medium'.
- 2.7. All risks with a current risk level of 'Very High' or 'High' are reviewed every quarter, and these shown in Appendix A with any recent updates to these highlighted.

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- 2.8. Items with a current risk level of 'Medium' or 'Low' can be reviewed less regularly in line with the risk management policy. All of these items were reviewed this quarter.
- 2.9. The last quarterly review of the IJB Risk Register in 2019/20 is scheduled to be carried out in **April 2020**.

3. Social Care Risk Register

- 3.1. The Social Care Risk Register is maintained, updated and reported in line with the Glasgow City Council (GCC) Risk Management Policy and Guidance.
- 3.2. The last quarterly review of this risk register was carried out in **October 2019**.
- 3.3. There were **6** risks recommended for closure since the last quarterly review:

Ref 0556: The risk of failing to deliver planned new care facilities within timescales has been closed as these projects have now concluded and the facilities are now operational.

Ref 0558: The risk of the Older people Residential Strategy transition arrangements failing has been closed as all new care facilities are now operational.

Refs 0561 & 0562: The risks of unexpected or excessive costs arising from the Leithland and Woodside projects has been closed as these projects have now concluded and the facilities are now operational.

Ref 0570: The risk of litigation or dispute arising from building defects on the projects detailed above has now been closed.

Ref 0588: The risk of reduced capacity in Home Care as a result of the equal pay settlement has been closed as the action plan has concluded and monitoring arrangements have shown this is no longer a risk.

- 3.4. There were **no** risks added to the register since the last quarterly review.
- 3.5. There were **no** risks on the register where the current risk level either increased or decreased since the last quarterly review.
- 3.6. At the conclusion of the **January 2020** review, there were **26** 'live' risks on the register.
- 3.7. The GCC risk management framework scores **10** of these risks as having a current risk level of 'Very High', **6** risks with a risk level of 'High', **7** risks with a risk level of 'Medium' and **3** risks with a risk level of 'Low'.

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- 3.8. The IJB risk management framework scores **3** of these risks as having a current risk level of 'Very High', **13** risks with a risk level of 'High', **7** risks as 'Medium' and **3** risks as 'Low'. These are the risk scores shown in Appendix A.
- 3.9. All risks with a current risk level of 'High' or 'Very High' are reviewed every quarter, with the most recent updates to these shown in Appendix A.
- 3.10. Risks with a current risk level of 'Medium' or 'Low' are reviewed less regularly in line with the risk management policy. All of these were reviewed by the risk managers during this quarterly review, and their current risk level was assessed to be accurate.
- 3.11. The last quarterly review of the Social Care Risk Register in 2019/20 is scheduled to be carried out in **April 2020**.

4. Health Risk Register

- 4.1. The Glasgow City Health Risk Register is currently maintained, updated and reported in line with the NHS GGC Risk Management Policy, and collates the most significant risks as identified in locality and service risk registers. The register was last reviewed in **October 2019**.
- 4.2. There were no risks where the current risk level increased since the last quarterly review.
- 4.3. There was **1 risk** where the current risk level decreased since the last quarterly review:

Ref 1428: The risk of prescribing costs exceeding allocated budget has reduced in likelihood as the Lead Pharmacist has indicated may not be overspent and contingency arrangements are in place.
- 4.4. The Very High and High risks on the Health Risk Register that were reviewed in January 2020 are included in Appendix A.
- 4.5. The last quarterly review of the Health Risk Register in 2019/20 is scheduled to be carried out in **April 2020**.

5. Recommendations

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

IJB Risk Register													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
				Consequence	Likelihood	Risk Rating		Risk Level	Consequence	Likelihood		Risk Rating	Risk Level
524	Level of savings required in 2019/20 and beyond	RISK: Inability to deliver appropriate level of essential services due to required level of savings CAUSE: Required level of savings in the Budget Service Plan in 2019/20 and beyond EFFECT: Unable to meet demand for services, failing to ensure safety and prevent harm to service user, failing to meet statutory requirements, failing to deliver part or all of the Strategic Plan	Sharon Wearing	4	5	20	Very High	- Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB - Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets - HSCP will actively engage with Partner Bodies in budget planning process for 2019-20 and beyond identifying dependencies and risks associated with any proposals.	4	5	20	Very High	January 2020: No change
512	Delivery of Strategic Plan within budget	RISK: The IJB is unable to budget within allocated resources CAUSE: Cost of delivery is higher than budgeted resources made available EFFECT: The IJB is unable to deliver on the Strategic Plan	Sharon Wearing	4	5	20	Very High	- The Integration Scheme details the actions to be taken in the event of this and furthermore the contingency arrangements should parent bodies be unable/unwilling to provide additional funding - Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets - Governance / reporting mechanism for Transformation Programme in development - Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB	4	4	16	High	January 2020: No change
934	Deliberability of Primary Care Improvement Plan (PCIP)	RISK: Failure to deliver transformation of Primary Care services as specified in the Primary Care Improvement Plan (PCIP) CAUSE: Affordability, shortage of resources (qualified staff, suitable accommodation), lack of appropriate digital solution to support plan, unable to maintain sustainability, unable to quantify evidence of impact EFFECT: Impact on the delivery of the IJB's Strategic Plan and priorities resulting in negative impact on service users and patients and possible reputational or financial impact to the IJB.	Susanne Millar	4	4	16	High	- PCIP Risk Register is monitored and maintained listing detailed control actions which include: - Request to national oversight group for national response to workforce planning, recruitment and training. - Workstreams considering skills mix remodelling to deliver programme - Developing leadership and development capacity to support developing workforce. - Premises workstream include depts to support implementation i.e. Facilities, Capital, Business Support Manager. - Demand and capacity exercise to be completed to clear demonstrate PCIP needs. - Request to oversight group to consider digital solutions - Communication & engagement support workstream to devise PCIP comms & engagement framework. - IJB and SG made aware that current plan has more than £4m deficit and further planning still to be developed in some areas e.g. WF costs, MH - NHSGGC approach to overall programme for evaluation of 3 year programme. - Workstream developing measures to demonstrate impact on direction of work to appropriate MDT. - Offer of sustainability loans to practices.	4	4	16	High	January 2020: New risk added to register
515	Partners' governance arrangements	RISK: Partners put in place revised governance mechanisms between the IJB and themselves EFFECT: Increased bureaucracy in order to satisfy IJB governance arrangements	Susanne Millar	4	4	16	High	• Chief Officer to maintain a visible and influencing presence in the development of any future governance arrangements to ensure that such potential arrangements are lean and manageable.	4	4	16	High	January 2020: No change
517	Differing terms and conditions	RISK: Partnership exposed to challenge on employment terms CAUSE: Different employment terms and conditions of partner bodies EFFECT: Detrimental impact on resources in order to investigate, defend and/or settle claims	Sharon Wearing	5	3	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.	5	3	15	High	January 2020: No change

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
				Consequence	Likelihood	Risk Rating		Risk Level	Consequence	Likelihood		Risk Rating	Risk Level
513	Resources required for integration	RISK: The organisation cannot support the volume of resource required to establish effective integrated arrangements CAUSE: Staff and key individuals with existing operational roles and responsibilities are diverted to integration activities EFFECT: Existing organisational priorities and delivery are delayed or compromised, resulting in not delivering Strategic Plan	Sharon Wearing	4	4	16	High	<ul style="list-style-type: none"> 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) 	4	3	12	High	January 2020: No change
523	Impact on business support functions due to Cordia transfer	RISK: Lack of appropriate level of business support staff in the HSCP to support corporate functions (HR, Finance, Comms, Governance) CAUSE: Inadequate levels of resource being transferred from Cordia to HSCP EFFECT: Reduced capacity to deliver full range of support, delay or compromise priority/critical activity, impact on IJB business, impact on frontline services, affect ability to deliver Strategic Plan	Sharon Wearing	4	5	20	Very High	<ul style="list-style-type: none"> Engagement with GCC Corporate Workstreams for Cordia transfer including Steering Group, Operational Delivery, Governance and Compliance, Comms & Engagement, Legal, HR, Finance. Comms and engagement with staff Frontline visits to Cordia services by Chief Officer and Chief Officer Strategy & Operations 	3	4	12	High	January 2020: No change
514	Service delivery model uncertainty	RISK: Uncertainty around future service delivery models EFFECT: Resistance, delay or compromise resulting in necessary developments or potential improvement opportunities not being fulfilled	Susanne Millar	3	3	9	Medium	<ul style="list-style-type: none"> High-level strategic vision articulated through the 2019-22 Strategic Plan Implementation actions for 2016/17 approved by IJB on 21/3/2016 provide some clarity and a framework for future service delivery. Other proposed transformation projects will be notified to the IJB as a matter of routine. Clear guidance on service development during interim period. Acceptance that ongoing challenges of both organisations mean standstill is not a viable option 	3	3	9	Medium	January 2020: No change
519	IJB business continuity	RISK: IJB unable to fulfill its functions due to a failure of or disruption to property, people and/or infrastructure CAUSE: Expected or unexpected events such as industrial action, pandemic flu, civil emergency etc EFFECT: Potential breach of statutory duties, negative impact on the HSCP and its partner bodies	Sharon Wearing	3	3	9	Medium	<ul style="list-style-type: none"> Existing Business Continuity Planning framework for Glasgow City Council is in place in respect of crisis management and continuity of support services within the HSCP Business Continuity for the IJB is incorporated into the Business Continuity Plan for Business Development. Annual assurance statement to the IJB on business continuity arrangements within the HSCP is presented to the Finance, Audit and Scrutiny Committee (last presented on 24 April 2019). 	3	3	9	Medium	January 2020: No change
522	Loss of resources due to equal pay settlement	RISK: Loss of resources due to the time and/or value of the equal pay settlement (particularly in respect of resources that have transferred from Cordia to the HSCP) CAUSE: Equal pay settlement, demographics of the workforce EFFECT: Loss of workforce, potential industrial action, loss of capacity to deliver services, unable to deliver Strategic Plan	Sharon Wearing	5	4	20	Very High	<ul style="list-style-type: none"> Contingency Planning Group established, with representation from HSCP, GCC and Cordia Data analysis is currently underway to confirm potential impact on service Cordia HR/Training teams are currently preparing revised recruitment and training plan (to increase capacity for both) Currently monitoring the situation on a weekly basis as staff have begin receiving payments 	3	3	9	Medium	January 2020: No change

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518	External Providers financial stability	RISK: Financial challenges faced by some provider organisations (in particular those providing sleepovers) to pay Scottish Living Wage could destabilise them CAUSE: Introduction of Scottish Living Wage to adult social care EFFECT: Threat to continuity of service, issues in availability of appropriate provision for service users, serious impact on delivery of Strategic Plan	Sharon Wearing	5	3	15	High	<ul style="list-style-type: none"> We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. We continue to ensure timeous regular payment to provider organisations We have offered 3 SLW increases across all of the purchased service contracts on condition of payment of the SLW including for Sleepovers. We continue to ensure that the payment of the additional funding for the Scottish Living Wage is made timeously We are developing a transformational change programme on overnight supports which will seek to offer an expanded range of options for providing overnight supports and reduce the reliance on sleepover support. Proof of concept work with providers will enable 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. Appeal of legal rulings on sleepover currently state it is not necessary to pay each hour worked at the NLW but the HMRC guidance has not yet changed. 	4	2	8	Medium	January 2020: No change

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
				Consequence	Likelihood	Risk Rating		Risk Level	Consequence	Likelihood		Risk Rating	Risk Level
559	Impact of Welfare Reform on demand for services	RISK: There is an increased demand for social work services due to Welfare Reform including emergency payments, homelessness, welfare rights and general social work support. CAUSE: Implementation of welfare reforms including benefit cap, universal credit, child tax credits and changes to housing benefits EFFECT: Increased deprivation for citizens, reduced ability to meet demands on our services	Susanne Millar	5	5	25	Very High	<ul style="list-style-type: none"> Contribution to the corporate welfare reform group Effective communications with service users and other stakeholders Information dissemination on rights to appeal Appeals packs for service users developed Welfare Reform training delivered to 3rd sector Key messages have been refreshed and disseminated again widely in line with the current stage of reform. Significant further training has been provided to voluntary sector organisations. Linkages with the Scottish Welfare Fund has resulted in a significant increase in the number of people appealing benefit sanctions. Briefings on Universal Credit arranged 	4	5	20	Very High	January 2020: No change
567	Impact of National Abuse Inquiry	RISK: that the Scottish Child Abuse Inquiry could result in adverse legal, financial, reputational and operational impacts to the Service. CAUSE: 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. EFFECT: Reputational damage, financial/cost implications	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> Internal team established to manage our input to the Inquiry. This team will liaise with the PR office accordingly. Internal team includes legal representatives in order that we manage any claims. Ongoing monitoring and review of resources utilised to facilitate the Inquiry. Existing employee support mechanisms through HR. Existing health and social care support services for service users. 	4	5	20	Very High	January 2020: No change
569	Unsuitability or failure of ICT systems	RISK: ICT systems used by SWS, and in particular ex-Cordia systems, for the delivery of statutory duties are not fit for purpose or are bespoke and not maintained CAUSE:Glasgow City Council arrangements with CGI for the provision of ICT don't meet the specific needs of Social Work Services, ex-Cordia IT staff now in CGI are moved to non-Cordia system work or leave the organisation resulting in loss of expertise and system knowledge. EFFECT: impact on delivery of statutory duties, service users/public/vulnerable people come to harm, significant reputational, financial and operational harm to the organisation, efficiency savings become more difficult to achieve.	Allison Eccles	4	4	16	High	<ul style="list-style-type: none"> The Strategic Innovation and Technology Team (SIT) has been established by GCC to oversee the contract with CGI. An HSCP Business Partner to SIT has been appointed. The contract is based on Output Based Specifications (OBSs) and there are OBSs for key systems (including careFirst, iWorld and LS/CMI) and all other ICT provision. There is a transformation programme to significantly improve a number of technologies. The Governance structures for ICT and Digital are being reviewed in light of the change in ICT contract and HSCP requirements. An interim business case has been approved for a replacement for careFirst which has systems for Home Care in scope, these being prioritised for implementation. 	4	5	20	Very High	January 2020: No change

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
				Consequence	Likelihood	Risk Rating		Risk Level	Consequence	Likelihood		Risk Rating	Risk Level
552	Failure to deliver Budget & Service Plan and service reform outcomes	RISK: the Department's service reform and Budget and Service Plan programmes fail to deliver the required outcomes in terms of delivery of statutory duties; service modernisation and financial savings. CAUSE: EFFECT: necessitating potential drastic and unplanned cuts in order to realise the savings requirements thereby leaving services and service users vulnerable.	Sharon Wearing	4	5	20	Very High	<ul style="list-style-type: none"> Fortnightly Integration Transformation Board meetings Weekly Executive Group meetings to approve critical progress issues CSWO led SMT's in both Adult and Children and family Services review and progress Performance Management Framework incorporating City-wide, local and care group performance reporting Regular planned and structured liaison with providers re: changes Service User engagement Trade Union liaison at strategic and local levels 	4	4	16	High	January 2020: No change
566	Loss of access to VISOR	RISK: Service loses access to Visor CAUSE: changes to the vetting requirements for new and existing VISOR users at a national level which are incompatible with current recruitment and employment policies EFFECT: the service is 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	4	4	16	High	<ul style="list-style-type: none"> Issue highlighted to Glasgow's Public Protection Chief Officers Group Impact report completed by Social Work Scotland and further national work under consideration Legal advice taken by HR advising no change to recruitment or employment policies Sufficient staff currently vetted and able to make use of system in collaboration with MAPPAs partners and responsible authorities 	4	4	16	High	January 2020: No change
568	Workforce planning/reduction	RISK: that reduced 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. CAUSE: number of vacant posts. turnover of staff, length of time taken to recruit staff across both GCC and NHS GGC EFFECT: service users not receiving services they're entitled to, and which leaves them at increased risk.	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> Trade Union liaison at strategic and local levels. HSCP Workforce Planning Sub-group and Board chaired by Chief Officer (Finance & Resources) which feeds directly into the Executive Group and Leadership Team. It comprises Chief Officer (Planning, Strategy & Commissioning/CSWO), Chief Officer (Operations) and HR reps from SWS and NHS. Chief Officer (Planning, Strategy & Commissioning/CSWO) advises group of any potential risks in relation to staffing reductions. Local performance management and supervision systems in place. Workforce planning arrangements for care groups being finalised. Training and development programme for MHOs in place. New AWI protocols agreed at HSCP and SWS Governance Groups Regular updated workforce planning monitoring reports (by Locality) for all care groups in place. 	4	4	16	High	January 2020: No change
553	Failure of MAPPAs arrangements	RISK: Glasgow MAPPAs arrangements fail CAUSE: Procedures not followed; staff not appropriately trained; information security breach EFFECT: risk of harm to Glasgow citizens from registered sex offenders; reputational/legal/financial impact to organisation.	Susanne Millar	5	4	20	Very High	<ul style="list-style-type: none"> City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice. MAPPAs Strategic Oversight Group meets every 3 months MAPPAs Operational Group meets every 6 weeks MAPPAs national guidance Multi agency Risk Register in place and standing item on the agenda of both meeting structures NASSO meeting every quarter with RSL providers Memorandum of Understanding in place between statutory agencies and reviewed annually 	5	3	15	High	January 2020: No change

Social Care Risk Register													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Consequence	Likelihood	Risk Rating	Risk Level		Consequence	Likelihood	Risk Rating	Risk Level	
554	Failure of Child Protection procedures	RISK: failure in the implementation of Child Protection procedures and arrangements CAUSE: Procedures are ineffective; procedures are not followed; staff not appropriately trained; information security breach; lack of/ineffective governance EFFECT: increased and/or avoidable risk/harm to children and/or young people	Susanne Millar	5	4	20	Very High	<ul style="list-style-type: none"> Child Protection Committee and sub groups meet regularly Local area CP forums in place Quarterly meeting of Chief Officers group Management information produced and reviewed monthly at CP Quality Assurance Sub-group 1/2 yearly LMR process overseen and coordinated by CP team ASM structure providing QA, monitoring and objectivity to local practice Robust single agency and multi agency training programme in place 	5	3	15	High	January 2020: No change
555	Failure of Adult Protection procedures	RISK: failure in the implementation of Adult Protection procedures and arrangements CAUSE: Procedures are ineffective; procedures are not followed; staff not appropriately trained; information security breach; lack of/ineffective governance EFFECT: increased or avoidable risk/harm to vulnerable adults; reputational/legal/financial implications	Susanne Millar	5	4	20	Very High	<ul style="list-style-type: none"> 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 	5	3	15	High	January 2020: No change
589	Failure of Care Services staff to register with SSSC	RISK: Failure of relevant staff to register with SSSC prior to summer 2020 CAUSE: Legislation requires that all relevant staff within Care Services must be registered by this date EFFECT: Inadequate staffing numbers which will impact on service provision	Frances McMeeking	5	5	25	Very High	<ul style="list-style-type: none"> Project Group has been established to co-ordinate response to this risk which will include communications plan and process in place for enabling in-scope staff to submit applications Currently engaging with SSSC and trade Union representatives to take a proactive approach to support staff/potential staff throughout the registration process. 	5	3	15	High	January 2020: No change

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				Consequence	Likelihood	Risk Rating		Risk Level	Consequence	Likelihood		Risk Rating	Risk Level
544	Failure to meet Health & Safety statutory requirements	RISK: Failure to meet statutory Health & Safety requirements CAUSE: Personnel fail to follow procedures; personal are not appropriately trained EFFECT: major loss of service through establishment fire, major catastrophe or infections; or singular catastrophic incidents which could result in death or serious injury of service users and/or staff.	Christina Heuston	5	4	20	Very High	<ul style="list-style-type: none"> Service is a member of the Council's Asbestos Strategic Management Group that monitors actions regarding the management of Asbestos. The Service has appointed a Health and Safety Co-ordinator who actively monitors the arrangements for the control of Asbestos, Service Control of Asbestos Management Standard issues June 2014 The Service has replaced a number of older buildings containing Asbestos with new buildings (asbestos banned from use in new buildings) reducing the possible exposure. Departmental Health & Safety Policy & manuals Fire safety management system. H&S risk assessment processes, e.g. fire, legionella, alarms etc. H&S respond to all audit and inspection requirements. Emergency procedures in place for all service user accommodation Range of H&S training in place e.g. Fire Wardens, Manual Handling etc. Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place. Monitoring of claims. Managing Violence at Work Policy Document and monitoring of Violent Incident reports, this monitoring has identified the need to review the Violence training for Fieldwork staff, this review is currently underway with a target date of 6 weeks Legionella risk managed with the assistance of CGI. 	4	3	12	High	January 2020: No change
546	Disruption to HSCP services	RISK: Failure of, or disruption to, facilities, infrastructure or staff affecting delivery of mainstream and out-of-hours services. CAUSE: Exceptional, one-off and unexpected events leading to loss of staff, loss of building, loss of access to building, loss of supplier or loss of infrastructure. EFFECT: service users across the city don't receive a service for a period of time that leads to reputational, financial, legal and/or public protection impact.	Susanne Millar	4	4	16	High	<ul style="list-style-type: none"> Industrial Relations Strategy in place Monthly meetings at Director level with senior Trade Union officials Business Continuity Reps identified in each service area The quarterly Business Continuity Working Group chaired by the service Business Continuity Champion is on hiatus. BCP is currently being overseen by the HSCP EU Exit Readiness Group Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC SIT (SWS has fed into this process). 2019 Business Continuity lifecycle is being actioned by the Heads of Planning Business Impact Analyses have been reviewed and completed across the HSCP Business Continuity Plans for localities have been reviewed and completed across the HSCP 	4	3	12	High	January 2020: No change
547	Impact of failure of third parties and partners	RISK: contractor/partner arrangements fail CAUSE: political and socio-economic factors; providers' financial position; failure to comply with regulatory/legislative changes EFFECT: failure to deliver services appropriately with a provider or other agencies leading to a failure to care/protect service users; increased demand on resources; financial implications.	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> 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 	4	3	12	High	January 2020: No change

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
				Consequence	Likelihood	Risk Rating		Risk Level	Consequence	Likelihood		Risk Rating	Risk Level
548	Failure of ICT security	RISK: Loss/misuse/breach of health and social care data within our responsibility CAUSE: IT system security failure, human error, hostile actor (internal or external) EFFECT: breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users affecting public and service user confidence	Allison Eccles	5	5	25	Very High	<ul style="list-style-type: none"> Information Security Governance via Information Security Board. Policies and guidance regularly updated and annual mandatory training provided via GOLD or leaflet. Information sharing protocol with NHSGG&C has been updated and circulated for sign-off All ICT developments progressed through project management methodology which includes risk logs and Data Protection Impact Assessments are undertaken as required. The majority of devices are now encrypted and authorisation process in place for unencrypted devices. Secure email and Objective Connect available for secure data sharing Secure email blueprint (including TLS) now implemented Protective Marking to be rolled out in SWS in 2019 Site and Information Security Audit programme in place for SWS establishments and services Containment process in place for accidental email breach Staff briefings on data protection (GDPR) and information security briefings issued regularly Use of is2a and/or is2b procedure and forms for staff removing data from offices 	4	3	12	High	January 2020: No change
572	Failure of Carefirst Disaster Recovery arrangements	RISK: Interim DR solution for Carefirst may not operate as expected CAUSE: Interim DR solution cannot be tested without either extended downtime or considerable cost EFFECT: Major disruption to operations, essential information not available possibly leading to harm for service users, staff or the public and/or failure to carry out statutory duties	Allison Eccles	4	3	12	High	<ul style="list-style-type: none"> Continuing to liaise with SIT regarding implementation of a more robust and tested solution An interim business case has been approved for a replacement for careFirst which will address DR arrangements 	4	3	12	High	January 2020: No change
571	Community Alarms affected by telephone provider(s)	RISK: Service user(s) community alarms do not function as required due to telephone line being switched from analogue to digital CAUSE: Telephone providers such as BT/Virgin switching customer line from analogue to digital, Provider not having information about which customers have community alarms that rely on telephone line being analogue EFFECT: service user unable to activate alarm, service user comes to serious harm or fatality, significant reputational, legal and financial harm to the organisation, loss of trust from public on the effectiveness of community alarms, may impact on delivery strategic priorities of the organisation.	Frances McMeeking	5	3	15	High	<ul style="list-style-type: none"> Service has shared telephone numbers of all community alarm service users with the telephone providers (BT, Virgin etc) to ensure their records are correct and up to date. Service has written to all Community Alarm service users to advise that if they are changing their telephone provider they must let them know that there is an alarm dependant on the line and it cannot be converted to a digital line otherwise their alarm will not function properly 	5	2	10	High	January 2020: No change

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
2456	Psychological Therapies	Risk of deterioration of clients health due to lack of psychology services	Phillips, Katrina	4	5	20	Very High	clients are seen by CMHT / Crisis Team , but may result in admission.	4	5	20	Very High	January 2020: No change
1428	Prescribing costs	Prescribing costs exceeding the allocated budget threatening HSCP services	Groden, Richard	4	5	20	Very High	Budget performance monitoring. HSCP Prescribing Monitoring Group supports budget monitoring.	4	4	16	High	January 2020: Reduced likelihood. Lead pharmacist reports may not be overspent and that Board has contingencies for this.
2457	Adult Admissions	Risk of demand exceeding capacity for adult admission beds	Phillips, Katrina	4	4	16	High	local contingency plans use of beds across system when required escalation process	4	4	16	High	January 2020: Keep under regular review
1670	Medical and Nursing Cover	There is a risk that there is not enough medical or nursing cover for Sexual Assault Examinations provided by Archway and that contracted forensic Physicians are unable to fill the gap	Macleod, Rhoda	4	5	20	Very High	New Forensic contract Recent serview review recommends further development of service model.	4	4	16	High	January 2020: The rota is improving however risk remains high.
1048	Psychological Therapies	Risk of targets not continuing to be met because of increase in workload.	Phillips, Katrina	4	4	16	High	Psychological Therapies Project Group Finance requires approval needed by CHP.	4	4	16	High	January 2020: No change. To be kept under review this financial year.
1417	Staffing	Future shortage of appropriate/competent staff compromising ability to deliver service	Egan, Julia	4	4	16	High	Recruitment arrangements. Succession and workforce planning.	4	4	16	High	January 2020: Risk assigned to Chief Nurse, J. Egan. A paper is currently being prepared for the HSCP on their requirements.
2479	Project 100	Increasing the prison population by 100 would have a wholly negative impact on the NHS ability to meet the standards expected to provide healthcare to the patients at HMP Low Moss having huge ramifications of service delivery. This will bring an increased burden on staff as the focus will remain on basic service delivery which will again bring NHS Prison healthcare under further scrutiny considering the negative outcome form HMP Inspection report in 2017. The healthcare manager has escalated this announcement of increased intake to low moss population to NHS senior management to review and discuss contingence in current service delivery in relation the existing staff cohort. Please find a list of concerns highlighted the still remain but will be exacerbated.	Simson, Karan	3	5	15	High	NHS/SPS heads of service meeting weekly to discuss risks associated with the implementation of said proposal and an action plan of the potential impact and ramifications is being collated.	3	5	15	High	January 2020: Highlights risk of staff and patient safety - 100 extra prisoners and an already understaffed compliment with a very slow recruitment process.

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		Initial Risk Level				Current Risk Level							
2459	CMHT Staff Shortage	Due to shortage of nursing and OT staff within the CMHT unable to meet the demands of clinical activity. We have system wide bed management arrangements and regular review of clinical activity in wards with ability to close to admissions if unable to meet safe staffing levels. Caseload mgt is completed monthly but due to high turnover of staff in both CMHT's and inpatients recruitment process takes around 7 months from raising vacancy to staff in post . This means by time we recruit we have lost more staff and have consistently run with 4-6 WTE shortages per team across nursing and medical staffing.	Phillips, Katrina	3	5	15	High	Caseload management	3	5	15	High	January 2020: Due to national shortage in available nursing and medical staffing the situation remains high risk with significant vacancies across the system. Reviewing current proof of concept changes as part of MH Strategy implantation to review workflow process to ease pressure.
2460	MHO Pressures	Pressure on MHO activity due to on-going vacancies and staff turnover. Issue due to recruitment authorisation process/PVG/reference checks and is under constant review. Workforce data shows high turnover is impacted by number of staff having MHO status who can retire at 55 and are opting to do so. This is likely to continue to impact over next 2 years when all staff with MHO pension status will have gone. Universities only have one intake a year so availability of newly qualified staff is more limited RE: MHO pressures in Social Work, this is due to increased demand and ability to recruit. We are encouraging existing staff to undertake MHO training and attempting to recruit additional staff and reviewing our duty system	Phillips, Katrina	3	5	15	High	Workload prioritisation	3	5	15	High	January 2020: Situation remains unchanged despite recent recruitment drive – on going staff retirements and increased workload continues to result in significant pressure in system and ability to respond timeously to demand.
1705	Mental Health inpatient beds	Lack of beds or staff support in Greater Glasgow and neighbouring Boards impairs patient access to appropriate inpatient care.	Smith, Michael	4	4	16	High	Robust bed management system to highlight problems proactively in time to resolve.	4	3	12	High	January 2020: 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)	Egan, Julia	5	3	15	High	Referral process, Staff supervision, Existing policies, procedures and guidelines Inspection regimes- child protection.	4	3	12	High	January 2020: No change. Risk assigned to Chief Nurse, J. Egan.
1439	Information Governance MAPPA information sharing	Sensitive or confidential information is inappropriately shared resulting in adverse media impact and loss of public confidence	Egan, Julia	4	4	16	High	Information sharing protocols have been developed with relevant agencies and the directorate regularly remind staff of their responsibilities.	3	4	12	High	January 2020: No change. Risk assigned to Chief Nurse, J. Egan.

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				Initial Risk Level				Current Risk Level					
1511	GP practices	Glasgow City HSCP may experience local GMS practice unable to fulfil its contractual obligations requiring intervention and support sometimes at short notice	Groden, Richard	4	5	20	Very High	Developing a response "toolkit" for practices "in distress" and seeking support in terms of an initial assessment and what might be offered by way of further in depth assessment and identifying a suitable range of responses. Developing an approach to pro-actively identify/support practices that might be approaching an "in distress" state, including mechanisms and possible responses	4	3	12	High	January 2020: No change