

## Integration Joint Board Finance and Audit Committee

**Report By:** Chief Officer, Finance and Resources  
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### RISK MANAGEMENT & REGISTERS UPDATE

<b>Purpose of Report:</b>	To summarise the most recent updates to the 3 corporate risk registers maintained by the Glasgow City Health & Social Care Partnership.
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<b>Recommendations:</b>	<p>The Finance and Audit Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of this report</li> <li>• Note the attached Integrated Joint Board Risk Register, Social Work Corporate Risk Register and Health Corporate Risk Register</li> <li>• Note that the next update of risk registers is to be reported to the Health and Social Care Partnership Senior Management Team on 11 May 2016, with a subsequent report to the Integration Joint Board on 24 June 2016.</li> </ul>
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#### Implications for IJB:

<b>Financial:</b>	Financial risks are identified in the registers
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<b>Personnel:</b>	Human Resources risks are identified in the registers
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<b>Legal:</b>	Legal impacts of risks are identified in the registers
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<b>Economic Impact:</b>	Any economic impacts of risks are identified in the registers
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<b>Sustainability:</b>	Any impacts on sustainability are reflected in registers
<b>Sustainable Procurement and Article 19:</b>	Not applicable
<b>Equalities:</b>	Any impacts on equalities identified in the registers
<b>Implications for Glasgow City Council:</b>	Relevant implications for Glasgow City Council are identified in Social Work Corporate and Integration Joint Board Risk Registers
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Relevant implications for NHS Greater Glasgow & Clyde are identified in the Health Corporate and Integration Joint Board Risk Registers

## 1. Purpose

- 1.1. To summarise the most recent updates to the 3 corporate risk registers maintained by the Glasgow City Health & Social Care Partnership.

## 2. Background

- 2.1. The risk registers were updated in February 2016, and subsequently reported to the Integration Joint Board on 8 February 2016, and subsequently to the Partnership Senior Management Team on 9 March 2016.
- 2.2. An update of the risk registers is currently underway, scheduled to be reported to the Partnership Senior Management Team on 11 May 2016 and the Integration Joint Board on 24 June 2016.
- 2.3. The Partnership is currently undertaking work to integrate all 3 risk registers so that a single register which complies, where necessary, with the relevant risk management policies of the Integration Joint Board, Glasgow City Council and NHS Greater Glasgow and Clyde, is reported to the Health and Social Care Partnership, Integration Joint Board and Partnership management structures.

## 3. Integrated Joint Board Risk Register

- 3.1. The Integrated Joint Board Risk Register is currently maintained, updated and reported in line with the Risk Management Policy developed for integration bodies..
- 3.2. A specimen Risk Management policy and Strategy was developed and approved through a sub-group of the Integration Technical Finance

Workstream comprised of partnership bodies within the Greater Glasgow & Clyde health board area.

- 3.3. The specimen policy was adapted to reflect local needs of the Glasgow City Health & Social Care Partnership, with the draft reviewed by the Shadow Integrated Joint Board in summer 2015 and policy approved by Integrated Joint Board in February 2016.
- 3.4. All risks on the register were updated in February 2016.
- 3.5. There were 3 items added to the Register:
  - Risk of equal pay claims due to differing terms and conditions;
  - Impact of December 2015 budget on budget allocations from partner bodies, and level of savings that may be required; and,
  - Health Board budget allocation not being agreed by 31 March 2016.
- 3.6. There were 3 items that had an increase in current risk ranking:
  - Integration Joint Board will be unable to budget within allocated resources;
  - External bodies disagreeing with the Partnership Strategic Plan approach; and,
  - Uncertainty around future service delivery models.
- 3.7. There was 1 item that decreased in current risk ranking:
  - Timescales for the implementation of the Integration Joint Board.
- 3.8. At the end of February 2016 there were 12 'live' risks on the Integrated Joint Board Risk Register, with 3 items with a risk ranking of 'Very High', 3 items with a risk ranking of 'High' and 6 items with a risk ranking of 'Medium'.
- 3.9. The Integrated Joint Board Risk Register is attached as Appendix A.

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

- 4.1. The Social Work Service Corporate Risk Register is currently maintained, updated and reported in line with the Glasgow City Council Risk Management Policy and Guidance.
- 4.2. The Glasgow City Council Policy requires that risks are reviewed and updated either quarterly, 6 monthly or annually depending on the level of risk that it presents (High = Quarterly, Medium = 6-monthly, Low = Annually).
- 4.3. There were 13 risks on the register that required to be updated and the following updates were noted.
- 4.4. There was 1 item added to the Register:

- Renewal of OLM (our partner for the Social Work Management Information System CareFirst) contract not concluded by end of March 2016, and subsequent risk to ongoing maintenance of Carefirst (assessed to be a 'High' risk).
- 4.5. There was 1 item that decreased in risk ranking:
- Failure to comply with statutory Health & Safety requirements, and subsequent risk to safety of service users and staff (reduced from 'High' to 'Medium' risk).
- 4.6. At the end of February 2016 there were 29 items on the Social Work Service Corporate Risk Register. There are 3 items on the register which have a current risk of 'High', 15 items with a current risk of 'Medium' and 11 items with a current risk of 'Low'.
- 4.7. The Social Work Service Corporate Risk Register is attached as Appendix B, with most recent updates highlighted in red.
- 4.8. In order to comply with the Glasgow City Council Risk Policy, the Social Work Service Risk Register currently assesses risks to be either High, Medium or Low, whereas the Integration Joint Board and Health Board Risk Registers employ 4 levels of risk ranking (Very High, High, Medium and Low) in order to comply with the relevant risk policies.
- 4.9. In March 2016 the Partnership Senior Management Team approved the Social Work Service Risk Register be updated to reflect the 4 levels of risk ranking employed in the Integration Joint Board and Health Board Risk Registers.

## **5. Health Board Corporate Risk Register**

- 5.1. The Health Board Corporate Risk Register is currently maintained, updated and reported in line with the Health Board Risk Management Policy.
- 5.2. Risks are recorded in several service based risk registers which are reviewed locally on a quarterly basis.
- 5.3. The highest organisational risks are incorporated into a Health Board Corporate Risk Register which is reproduced as Appendix C. The Health Board Corporate Risk Register is reviewed in an organisational wide context with any changes made notified back to local services.
- 5.4. A number of items were changed to reflect a change in risk status. These include:
- Failure to deliver on Scottish Government aspirations for integrated health and social care. This was originally High Risk, but is now classed as moderate;

- A financial risk relating to Forensic Services has been reduced from Very High to resolved; and,
- The item in relation to GP Practices facing difficulties has been given a higher risk rating.

5.5. The Register attached only reflects the highest risks which exceed a risk score of high before the application of controls. As reported to the Integration Joint Board on 8 February 2016, there were 3 items with a risk ranking of 'Very High' risks and 12 items with a risk ranking of 'High'.

## **6. Recommendations**

The Finance and Audit Committee are asked to:

- Note the content of this report
- Note the attached Integrated Joint Board Risk Register, Social Work Corporate Risk Register and Health Corporate Risk Register
- Note that the next update of risk registers is to be reported to the Health and Social Care Partnership Senior Management Team on 11 May 2016, with subsequent report to the Integration Joint Board on 24 June 2016.

Ref	Status	Description of Risk	Risk Owner	Control Actions	Current Risk Level				Latest Update
					Likelihood	Consequences	Risk Ranking	Risk Level	
1	Live	There is a risk that, as a result of the December 2015 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 ability to deliver the Strategic Plan.	Chief Finance & Resources Officer	- Continue to monitor	5	4	20	Very High	Jan 2016: Risk description and preliminary risk scores added by Risk Owner
2	Live	There is a risk of the IJB being unable to budget within allocated resources which could lead to being unable to deliver on the Strategic Plan	Chief Finance & Resources Officer	- 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	5	4	20	Very High	Jan 2016: Current risk consequence changed from 2 (minor) to 4 (major), changing overall current risk score to 20 (Very High). This is as a result of the December 2015 budget and anticipated impact on budget allocations to the HSCP from the Partners (see risk ref. 1)
3	Live	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	Executive Group	- identify organisational priorities, tasks that can be dropped / shelved to support focus on integration	3	4	12	High	Jan 2016: No change
4	Live	There is a risk of external bodies disagreeing with GHSCP approach or feel they have not been adequately consulted in development of the Strategic Plan which may lead to adverse political and/or reputational impact to both GCC and NHS GGC	Chief Officer (Designate)	- ensure consultation around Integration Scheme and Strategic Plan is as comprehensive as practically possible and compliant with statutory requirements as a minimum - development of participation and engagement strategy which promotes wide stakeholder consultation and engagement throughout planning cycle - Early publication of Strategic Plan for consultation to mitigate shortened consultation period. Consultation closed on 31 Dec 2015, and analysis of feedback will be available to IJB when they are asked to approve the Strategic Plan in March 2016.	3	4	12	High	Jan 2016: Control Actions updated to reflect SP consultation has concluded. Likelihood score changed from 4 (likely) to 3 (possible) and consequences score changed from 2 (minor) to 4 (major) to reflect that responses broadly indicate that respondents are/were satisfied with the consultation process. This changes the overall current risk rating from 8 (medium) to 12 (high).
5	Live	There is a risk that uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled	Chief Officer (Designate)	- High-level strategic vision to be articulated. 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	Jan 2016: Risk owner has revised the risk description to reflect the current stage of the integration process and that the IJB has now been established. The current consequences score has been changed from 1 (negligible) to 3 (moderate) thus changing the risk rating from 3 (low) to 9 (medium)
6	Live	There is a risk of Amendment of legislation or publication of further guidance from government which conflicts with Glasgow's planning assumptions, requiring decisions already made to be revisited which may lead to further slippage of previously agreed timescales	Chief Officer (Designate)	- Continue to monitor	3	3	9	Medium	Jan 2016: No change. Will continue to monitor.
7	Live	There is a risk that negative staff perception of integration due to previous experience of CHCPs may lead to an adverse affect on engagement / buy-in to new partnership	Chief Officer (Designate)	- Comms messages acknowledge previous experience and outline how new partnership is different - OD events to engage staff in development of integrated arrangements and build new culture - Workforce development and OD strategy to be developed within 1st year of establishment of IJB	3	3	9	Medium	Jan 2016: No change
8	Live	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 (Designate)	- Continue to monitor	3	3	9	Medium	Jan 2016: Risk Owner has revised the Risk description. Current likelihood changed from 2 (Unlikely) to 3 (possible) and current consequences changed from 4 (major) to 3 (moderate) to reflect the actual risk to the IJB. The overall current risk score has changed from 8 to 9 (still medium)

Ref	Status	Description of Risk	Risk Owner	Control Actions	Current Risk Level				Latest Update
					Likelihood	Consequences	Risk Ranking	Risk Level	
9	Live	There is a risk that the clinical and professional governance arrangements that are being established fail to discharge the duties incumbent upon them	Chief Officer (Designate)	<ul style="list-style-type: none"> <li>- Review of processes established</li> <li>- 'Double running' of existing arrangements while revised structures are established</li> </ul>	2	4	8	Medium	Jan 2016: Risk description updated by Risk Owner to reflect actual risk to IJB. Control Actions added and current risk score put in place (2 [Unlikely] x 4 [Major] = 8 [Medium])
10	Live	There is a risk that the Timescale for establishment of Integration Joint Board and guidance re role of IJB in development / approval of Strategic Plan may conflict with Glasgow's planned 'go-live' dates which may lead to a period where the IJB is unable to legally undertake its strategic role and objectives	Chief Officer (Designate)	<ul style="list-style-type: none"> <li>- Review instruction from Scottish Government and consider current planned timescales in this context</li> <li>- Early publication of Strategic Plan to mitigate shortened consultation period. The consultation closed on 31 Dec 2015</li> <li>- The IJB was established on 8 Feb 2016.</li> <li>- The Strategic Plan will be presented to the established IJB on 21 Mar 2016</li> </ul>	1	4	4	Medium	Jan 2016: Control Actions updated to reflect end of SP consultation and establishment of IJB. Current likelihood of risk changed from 4 [likely] to 1 [extremely unlikely]

Reference	Description of Risk	Risk Owner	Control Actions	Residual Prob	Residual Impact	Residual Risk Rating	Residual Risk Level	Review Period	Most recent update
25	<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	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. <b>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.</b>	5	4	20	High	Quarterly	<b>Update Feb 2016:</b> 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.
16	<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	<b>Fortnightly Integration Transformation Board meetings</b> Weekly Business Meeting to approve critical progress issues <b>Service reform agenda reviewed monthly at Transformational Change Board</b> Asst Director 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	Quarterly	<b>Update Feb 2016:</b> Changes to control actions marked in red. Change in Risk Owner to Sharon Wearing, Chief Officer, Finance & Resources. Risk Manager to be confirmed.
	<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	ACCESS are dealing with the contract renewal, and the concerns around the implications of the current situation have been raised with Senior Management.	4	4	16	High	By 31/3/16	RISK ADDED FEB 2016



Reference	Description of Risk	Risk Owner	Control Actions	Residual Prob	Residual Impact	Residual Risk Rating	Residual Risk Level	Review Period	Most recent update
2	<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	<p>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</p> <p>Departmental Health &amp; Safety Policy &amp; manuals</p> <p>Fire safety management system.</p> <p>H&amp;S risk assessment processes, e.g. fire, legionella, alarms etc.</p> <p>Business Continuity Plans for functions being re-developed based on Business Impact Analysis exercise.</p> <p>Respond to all audit and inspection requirements.</p> <p>Emergency procedures in place for all accommodation</p> <p>Range of H&amp;S training in place e.g. Fire Wardens, Manual Handling etc.</p>	3	5	15	Medium	Quarterly	<b>Update February 2016:</b> Reduction in the Risk Rating. Amendments to Control actions : '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'
17	<b>There is a risk that</b> the Glasgow MAPPAs arrangements fail <b>resulting in</b> risk to Glasgow citizens from registered sex offenders	David Williams	<p>Criminal Justice SMT is part of the agenda for the 4-weekly SWLT meeting.</p> <p>MAPPAs Strategic Oversight Group meets every 3 months</p> <p>MAPPAs Operational Group meets every 6 weeks</p> <p>MAPPAs national guidance</p> <p>Multi agency Risk Register in place and standing item on the agenda of both meeting structures</p> <p>NASSO meeting every quarter with RSL providers</p> <p>Memorandum of Understanding in place between statutory agencies and reviewed annually</p> <p>Criminal Justice SMT monthly meeting to overview CJ practice</p> <p>Monthly CJ strategic/operational group chaired by</p>	4-3	5	15	Medium	Quarterly	<b>Update Feb 2016:</b> No Change
18	<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	<p>Children &amp; Families SMT is part of the agenda for the 4-weekly SWLT meeting</p> <p>Child Protection Committee and sub groups</p> <p>Local area CP forums</p> <p>Quarterly meeting of Chief Officers group</p> <p>Management information produced and reviewed monthly at C&amp;F SMT and area SMTs</p> <p>1/2 yearly LMR process overseen and coordinated by CP team</p> <p>ASM structure providing QA, monitoring and objectivity to local practice</p> <p>Robust single agency and multi agency training programme in place</p>	3	5	15	Medium	Quarterly	<b>Update Feb 2016:</b> No change

Reference	Description of Risk	Risk Owner	Control Actions	Residual Prob	Residual Impact	Residual Risk Rating	Residual Risk Level	Review Period	Most recent update
19	<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	Adult Protection Committee and sub groups Local area ASP forums Quarterly meeting of Chief Officers group Management information produced and reviewed quarterly at SMT and area SMTs ASM structure providing QA, monitoring and objectivity to local practice Robust single agency and multi agency training programme in place SWS have employed a grade 9 service manager to oversee practice improvement	3	5	15	Medium	Quarterly	<b>Update February 2016: No change</b>
28	<b>There is a risk that</b> care home design provision for resilience in the event of a utility failure <b>could result in</b> design solutions that may attract unforeseen and additional revenue and capital expenditure.	Sharon Wearing	Capital Programme Governance arrangements. Corporate partners working to develop viable solutions which will be evaluated through the Governance Board.	3	5	15	Medium	6-monthly	<b>Update September 2015: No change.</b>
29	<b>There is a risk that</b> resolution of outstanding design issues on the Commonwealth Games site <b>could result in</b> an operational and financial impact on SWS.	Sharon Wearing	Capital Programme Governance arrangements.	3	5	15	Medium	6-monthly	<b>Update September 2015: No change.</b>

Reference	Description of Risk	Risk Owner	Control Actions	Residual Prob	Residual Impact	Residual Risk Rating	Residual Risk Level	Review Period	Most recent update
1	<b>There is a risk that</b> arrangements with ACCESS do not meet the ICT requirements for Social Work Services <b>resulting in</b> a failure of SWS to meet its business objectives and deliver services <b>affecting</b> vulnerable service users.	Sharon Wearing	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	3	4	12	Medium	Quarterly	<b>Update February 2016:</b> The ICT incident in December has significantly impacted on the service and all projects. Recovery work continues and projects are being re-planned. Control actions updated to include quarterly strategic meeting.
3	<b>There is a risk of</b> negative media publicity resulting in loss of public support and low staff morale <b>affecting</b> our ability to deliver services to vulnerable children and adults and the confidence of service users in the services upon which they rely.	Sharon Wearing	Process in place to respond to specific issues as they arise and to support appropriate staff. Senior manager alert system to Director. Public Relations have a dedicated officer for Social Work (lone Campsie) who regularly meets Head of Service Modernisation on media profile issues. Process in place to identify "Good News" stories to promote a more positive image. Overarching Communication Strategy including: Have Your Say, Directors Briefings, Staff Magazine Corporate and Departmental Customer Care Charters in place. Temporary communication specialist in place to develop communication plans around key change programmes. Post holder is linking into relevant project teams and communication plans drafted	3	4	12	Medium	Quarterly	<b>Update Feb 2016:</b> No Change
4	<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	Susanne Millar	Business Continuity Plans for SWS functions in place based on Business Impact Analysis exercise Industrial Relations Strategy in place. Monthly meetings at Director level with senior Trade Union officials. <b>Business Continuity Reps identified in each service area</b> <b>Business Continuity Working Group chaired by the</b>	3	4	12	Medium	Quarterly	<b>February 2016:</b> Control actions updated to include Business Continuity Working Group and service reps. The working group membership has been updated to reflect HSCP, and agreed to adopt integrated business continuity plans. The system outage in December 2015 had a significant impact on the delivery of services. Identification of critical functions affected by the outage and contingency arrangements for these were implemented within first 12
6	<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	Contract Management Framework. Contractor Risk Ratings Matrix. Data sharing & GHA/RSL protocols. Data Processing Agreements with Health/SCRA/Education. Procurement activity undertaken in accordance with written agreed procedures. All contractual arrangements over the approved thresholds referred to appropriate committee for approval. Business Continuity Plans for functions being re-developed based on Business Impact Analysis exercise. Ensuring providers/other agencies have health and safety procedures/arrangements in place Regular meetings with key providers and the Social Care Ideas Factory regarding strategic provider related issues	3	4	12	Medium	Quarterly	<b>Update February 2016:</b> No change

Reference	Description of Risk	Risk Owner	Control Actions	Residual Prob	Residual Impact	Residual Risk Rating	Residual Risk Level	Review Period	Most recent update
7	<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	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 for 2016. Information sharing protocol with NHS GG&C in place. All ICT developments progressed through project management methodology which includes risk logs and Privacy Impact Assessments are undertaken as required. <del>The use of devices are controlled and</del>	3	4	12	Medium	Quarterly	<b>Update February 2016:</b> Control actions updated to reflect current position and work of the ISB.
30	<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	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	Medium	6-monthly	<b>Update September 2015:</b> No change.
27	<b>There is a risk that</b> final confirmation of outstanding care home sites <b>will affect</b> the projected timescales associated with concluding the wider project objectives. <b>This could result in</b> a greater financial and operational impact on the Council.	Sharon Wearing	Capital Programme Governance arrangements. Corporate partners working to develop viable solutions which will be evaluated through the Governance Board.	2	5	10	Medium	6-monthly	<b>Update September 2015:</b> No change.
13	<b>There is a risk that</b> the use of multiple systems may affect and impede the development of joint working and service delivery <b>resulting in</b> duplication, lack of coordination and inefficient use of scarce resources.	Sharon Wearing	Health and Social Care Integration (HSCI) ICT Steering group is overseeing the development of an ICT strategy for the HSCP and a number of projects to take forward the strategy. The focus initially is to let staff access what they need wherever they need it. Subsequent phases will address application requirements.	3	3	9	Medium	6-monthly	<b>Update September 2015:</b> Control actions updated to reflect the work of the HSCI ICT Steering group.
26	<b>There is a risk of</b> reduced income from charging as service users experience a reduction in their income as a result of welfare reform. <b>This could affect</b> the ability of the service to meet demand.	Sharon Wearing	Review charging policies	3	3	9	Medium	6-monthly	<b>Update September 2015:</b> No change
8	<b>There is a risk that</b> internal financial management and control processes fail to operate effectively, <b>resulting in</b> avoidable budget pressures, poor use of resources, and unsound decisions, <b>affecting</b> all areas of the Service.	Sharon Wearing	Compliance with established framework and policies for financial management and control, including Financial Regulations, Management and Control - Code of Practice. Clearly defined roles and responsibilities. Regular financial monitoring and reporting at all appropriate levels of Service. Scheme of Delegation. Internal Financial Control Assurance Statement. Budget and Service Plan process.	2	4	8	Low	6-monthly	<b>Update Feb 2016:</b> Control actions remain effective

Reference	Description of Risk	Risk Owner	Control Actions	Residual Prob	Residual Impact	Residual Risk Rating	Residual Risk Level	Review Period	Most recent update
12	<b>There is a risk that</b> external funding may be reduced, restricted or ceased, <b>resulting</b> in closure of services or budget pressures within services, <b>affecting</b> vulnerable client groups and service users.	Sharon Wearing	Continued engagement with providers of external funding. Development of financial framework around specific projects to provide certainty of timescale. Regular monitoring of external funding to ensure timeous reporting and ability to respond to budget pressures.	2	4	8	Low	6-monthly	<b>Update Nov 2015:</b> P7 Probable Outturn +£3.7m. Monitoring in line with that position.
14	<b>There is a risk that</b> the service will not be able to meet the future registration requirements of the Scottish Social Service Council as new parts of the SSSC's register open <b>resulting in</b> a failure to meet all regulatory requirements.	Susanne Millar	Audit of all registration requirements and status of all staff who are registered with different regulatory bodies. Training needs identified and staff supported to access appropriate qualifications. Programmes developed and delivered as required.	2	4	8	Low	6-monthly	<b>Update October 2015: (Clare Hughes)</b> Registration of social care assistants is now complete. HR discipline processes have been evoked in respect of a small number of staff who failed to meet the registration deadline. This has not impacted on service delivery. <b>Update September 2015:</b> Jackie Kerr advised that S Fitzpatrick and Clare Hughes are now responsible. S Fitzpatrick advised Clare Hughes should be the Risk Manager copy of Risk Register updated 28/10/15 (JP)
15	<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 fulfil our statutory duties. <b>This could have the impact</b> of service users not receiving services they're entitled to and <b>which</b> leaves them at risk.	David Williams	Monthly SWLT agenda monitoring item. Weekly Business Meeting to approve critical recruitment issues. Service reform agenda reviewed monthly at SWS SRIG. Trade Union liaison at strategic and local levels. Workforce planning arrangements approved and	2	4	8	Low	6-monthly	<b>Update September 2015:</b> No change.
21	<b>There is a risk that</b> the Older Peoples Residential Strategy will fail to deliver the planned new care homes and day care facilities within planned timescales <b>resulting in</b> pressures to expend resources to repair and maintain existing facilities <b>affecting</b> the Social Work budget generally.	Sharon Wearing	Capital Programme Governance arrangements. Regular monitoring of contract by DRS Project Team. Reporting to Social Work Capital Board. Reporting to Council Capital Board.	2	4	8	Low	6-monthly	<b>Update Nov 2015:</b> Inherent impact changed from 4 (major) to 5 (extreme) to reflect the pressure on the wider capital budget, the potential for unknown ground conditions with some sites, the lack of a confirmed handover for the Blawarthill site, Esa 10 and the numerous unknowns around the Commonwealth building. This changes the overall inherent risk rating from 12 to 15 (remains 'Medium').
22	<b>There is a risk that</b> the Older Peoples Residential Strategy will fail to deliver the planned new care homes and day care facilities within approved capital and revenue budgets <b>resulting in</b> need to apply additional resources <b>affecting the</b> Council budget.	Sharon Wearing	Capital Programme Governance arrangements. Regular monitoring of contractor by DRS Project Team. Reporting to Council Capital Board.	2	4	8	Low	6-monthly	<b>Update September 2015:</b> No change
23	For the Commonwealth Games Care Home, <b>there is a risk that</b> the Older Peoples Residential Strategy will fail to meet required Care Inspectorate standards <b>resulting in</b> adverse reporting and poor levels of service to vulnerable clients <b>affecting</b> the Council's reputation within the market.	Sharon Wearing	Capital Programme Governance arrangements.	2	4	8	Low	6-monthly	<b>Update September 2015:</b> No change.

Reference	Description of Risk	Risk Owner	Control Actions	Residual Prob	Residual Impact	Residual Risk Rating	Residual Risk Level	Review Period	Most recent update
24	<b>There is a risk that</b> the transition between current and new care homes is not managed effectively <b>resulting in</b> an impact on levels of care provided <b>affecting</b> vulnerable service users.	Sharon Wearing	Capital Programme Governance arrangements. Development of transition strategy. Establishment of city-wide reference group for service users.	2	4	8	Low	6-monthly	<b>Update September 2015. (Clare Hughes)</b> The second of the new 120 bedded care homes, Orchard Grove, opened on the site in Toryglen in October 2015. The transition of residents and decommissioning of three care homes was managed successfully and reflected the lessons learned from opening of the first care home in 2014.
5	<b>There is a risk of</b> failure to translate Strategic Objectives into operational arrangements. <b>This may result in</b> a failure to fulfil statutory duties or to protect vulnerable service users.	Susanne Millar	ASPIR process. Performance Management Framework. Budget Pressures & Impact Analysis reports. Progress actions jointly agreed with Health and Partners. Commissioning Strategy. Joint protocols. Child Protection and Adult Protection structures. Complaints procedures. External Inspections by SWIA and HMle Child Protection Procedures. Practice Audit. Professional Governance Board. Internal Audit activity	2	3	6	Low	6-monthly	<b>Update October 2015:</b> No change
11	<b>There is a risk that</b> ICT systems affecting statutory requirements fail <b>resulting in</b> a lack of access to relevant information <b>affecting</b> our ability to protect/care for vulnerable children and adults.	Sharon Wearing	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.	2	3	6	Low	6-monthly	<b>Update September 2015:</b> Control actions updated to remove the West of Scotland Child Protection Register, which has now been decommissioned. Risk Manager back to Fiona Lockhart.

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Division	ID	Title	Description	Manager	Likelihood (initial)	Consequence (initial)	Rating (initial)	Risk level (initial)	Controls in place	Likelihood (current)	Consequence (current)	Rating (current)	Risk level (current)	Review date
GCCHP	1415	Patient Flow Forensic	The process of patient assessment, care management and ultimate movement to community based services is slowed due to lack of available community resources leading to blockage.. The ability to move patients between medium, low and community services and within Acute and rehab functions, coupled with continued pressure to admit from the State Hospital in relation to the appeals procedure severely impacts our ability to respond to needs from prisons and other health boards within WOS. This is compounded by the WOS financial model which in itself brings its own challenges. Now using OATS to manage the increasing demands for beds.	James Meade	5 - Will undoubtedly recur, possibly frequently	5 - Extreme	25	VHIGH	The Directorate is continually engaged in regular dialogue with local authority colleagues where patient specific cases are discussed. □ The Directorate regularly monitors and reports on patient activity and have carried out an in-depth review of patient activity sources which has informed on proposals for better responding to this increasing flow and financial challenge. □ Weekly bed management meetings being held with CD/Bed Manager/Service Manager/Lead Nurses/Consultant Psychiatrist. Engagement of senior management/finance to keep them appraised of the situation. Position paper being developed by Government directing national solution to the medium secure bed capacity issue."	5 - Will undoubtedly recur, possibly frequently	4 - Major	20	VHIGH	03/02/2016
GCCHP	1417	Shortage of Staff	Shortage of appropriate/competent staff compromising the ability to deliver service.	Sybil Canavan	5 - Will undoubtedly recur, possibly frequently	5 - Extreme	25	VHIGH	Recruitment arrangements. Succession and workforce planning. Contingency arrangements as for poor weather and other circumstances.	5 - Will undoubtedly recur, possibly frequently	4 - Major	20	VHIGH	03/02/2016
GCCHP	1418	Financial CHP Wide	Failure to deliver savings plan in 2016/17 which may result in overspend which will need to be met in future years from increased savings.	Alex MacKenzie	5 - Will undoubtedly recur, possibly frequently	5 - Extreme	25	High risk	Regular financial monitoring at Sector and CHP level. Development of savings plans to meet Board targets.	5 - Will undoubtedly recur, possibly frequently	4 - Major	20	VHIGH	03/02/2016
GCCHP	1511	GP practices	Glasgow City HSCP may experience a local GMS practice terminating its contract, such that the HSCP will have to directly provide GMS services this may happen with relatively little notice	Richard Groden	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	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 starter for ten 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 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	03/02/2016
GCCHP	1423	Critical Failure of care	Critical failure of care leading to harm to service user (including suicide, child protection, adult support and protection)	Mrs Mari Brannigan	3 - May recur occasionally	5 - Extreme	15	High risk	Referral process, Staff supervision, Existing policies, procedures and guidelines Inspection regimes- child protection	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	1425	Clinical communications	Clinical Communications-delays or errors in clinical information being transferred between services, leading to errors in medication or failings in care or treatment of an individual	Dr Paul Ryan	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Guidelines and protocols	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016

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GCCHP	1428	Prescribing costs	Prescribing costs exceeding the allocated budget threatening CHP services	Richard Groden	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Budget performance monitoring Prescribing monitoring, Risk sharing across CHP/CHCP, prescribing plan to identify and generate savings if required	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	1429	Failure to meet Access/Discharge Targets	Failure to meet Access/discharge targets	Lorna Dunipace	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Working group established, Links with Social work, Funding, Continue to monitor/audit delayed discharges with acute	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	1431	External providers	External care providers not recognising health needs/ not seeking appropriate advice Impact of personalisation on staffing levels	Paul Adams	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Provider training professional specific advice medication protocols, clear transfer of information into provider care plans, monitoring via Care Commission Inspectorate NHS input into personalisation process More robust use of service concerns	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	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. Lack of consistent and documented procedure for the storage and destruction of community health records	Mari Brannigan	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Guidelines and protocols in place. Audits of practice by clinical teams. awareness of Data Protection Principles. Review in progress of current arrangements	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	1435	Capital Developments - financial	Capital Developments- Insufficient revenue to cover on-going costs of projects	Alex MacKenzie	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Project governance structures in place to minimise risk Risk register within project areas identified costs associated with risk at regular intervals Risks escalated though capital governance structure On-going discussions with social work	4 - Will probably recur, but is not a persistent issue	3 - Moderate	12	High risk	03/02/2016
GCCHP	1436	Business continuity/ Major Incidents	Business continuity Service interruption due to unavoidable incidents, damage to facilities, loss of power of IT services, staffing shortages caused by industrial action	David Walker	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Business continuity plans in place across services, with coordination via partnerships business Continuity group and Board wide Civil Contingencies Group	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	1437	Prison prescribing costs	Prescribing costs in prison healthcare exceeding the allocated budget threatening CHP services Prison Population numbers rising placing increased demands on pharmacy budget	Mrs Fiona McNeill	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Budget monitoring/prescribing plan to identify and generate savings if required. NHSGGC to be included in national discussions with SPS in the management of prison population. national contract monitoring by national procurement Local scrutiny by CHP pharmacy on invoicing	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016



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GCCHP	1438	Medical input to Police custody Suites	Failure to agree medical input to the NHS police custody health care service would lead to the Board failing to provide the full agreed service to Police Scotland. Current suppliers contract has been extended to 29 February 2016 to allow for slippage in tendering process	Mrs Fiona McNeill	3 - May recur occasionally	4-Major	12	High risk	Tendering process underway in order to have medical service in place for end of contract period	3 - May recur occasionally	4 - Major	12	High risk	03/02/2016
GCCHP	1439	Information Governance MAPPA information sharing	Sensitive or confidential information is inappropriately shared resulting in adverse media impact and loss of public confidence	Alex MacKenzie	4 - Will probably recur, but is not a persistent issue	4 - Major	16	High risk	Information sharing protocols have been developed with relevant agencies and the directorate regularly remind staff of their responsibilities	4 - Will probably recur, but is not a persistent issue	3 - Moderate	12	High risk	03/02/2016