Glasgow CITY COUNCIL

NOTICE OF MEETING

Health and Social Care Integrated Shadow Joint Board

Agenda   **Monday, 22nd June 2015
                                          at 1030 hours**

1.   Apologies for Absence.

2.   Minutes of 27th May 2015.

3.   Matters arising (not otherwise on the agenda).

4.   Integration Scheme - Update - Report by Chief Officer Designate.

5.   Strategic Plan - Update on timetable for development and consultation -
        Report by Chief Officer Designate.

6.   Integrated Pathway for Older People - Report by Chief Officer Designate.

7.   Risk Management Strategy - Report by Chief Officer Designate.

8.   Next Meeting - 11th August 2015 at 1100 hours.

Glasgow City Council, City Chambers, Glasgow G2 1DU

SHADOW HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD.

Minutes of Joint Board Meeting (DRAFT).

Glasgow, 27th May 2015.

Present: Councillor Archie Graham (Chair); Andrew Robertson (Joint Chair) and
Councillors Malcolm Cunning, Emma Gillan and Russell Robertson,
Glasgow City Council; John Brown, Trisha McAuley, Robin Reid and
Rev Norman Shanks, Board Members NHS GGC.

Also present: David Williams, Chief Officer Designate; Mari Brannigan, Director of
Nursing, NHS GGC; Richard Groden, Clinical Director, NHSGGC;
Dorothy McErlean (staff representative NHS GGC); Alex McKenzie,
Acting Director, Glasgow CHP; Peter Millar (independent sector
representative); Ann Souter (patient representative); Shona Stephen
(third sector provider organisations representative); and Sharon
Wearing, Chief Officer Finance and Resources, Glasgow CHP.

Apologies: Councillor Marie Garrity, Glasgow City Council; Donald Sime and Ken
Winter, NHS GGC; and Anne Scott (social care user interest
representative).

Attending: Anna Castelvecchi (Clerk); John Deardon, Glasgow CHP; A Eccles,
SWS GGC; and Sir Lewis Ritchie OBE.

**1   GP Out of Hours Service Review – Presentation by Sir Lewis Ritchie
OBE noted.**

There was heard a presentation by Sir Lewis Richie regarding the General
Practitioner (GP) Out of Hours Service (OHS),

(1)   advising that he had been appointed by the Cabinet Secretary for Health to
undertake a review of the GP (OHS);

(2)   describing the background to the GP OHS which had since 2004 been
provided by Health Boards rather than individual GP Practices;

(3)   intimating that over the last 10 years it had become increasing difficult for
Health Boards across Scotland to recruit GPs to staff OHSs and
consequently the Cabinet Secretary for Health had initiated a review;

(4)   suggesting that in future the service would have a new partnership style, be
multidisciplinary in nature and include health, social care services and the 3rd
sector; and;

(5)   welcoming comments and suggestions from the SIJB on how best he should engage with stakeholders and the general public on the future shape of the GP OHS.

There then ensued a question and answer session on the nature of the GP OHS both currently and proposed and Sir Lewis invited the SIJB members to contact him directly with any comments they had.

On behalf of the SIJB, Councillor Graham thanked Sir Lewis for a most interesting presentation which the SIJB noted.

2   Minutes of 30th March 2015 approved.

The minutes of 30th March 2015 were submitted and approved.

Development of Integration Scheme – Progress noted.

3   With reference to the minutes of 30th March 2015 (page 1, paragraph 2) noting progress on the development of the Integration Scheme, there was submitted and noted a further report thereon by the Chief Officer Designate, advising that

(1)   the 20th version of the draft scheme had been submitted to civil servants on 30th March 2015 and feedback, as detailed in appendix 1 of the report, had been received which indicated that minor re-wording and re-phrasing was required to strongly evidence the nature and intent of joint working and integration within Glasgow;

(2)   the technical position in relation to the feed back was that it reflected a formal rejection by the Cabinet Secretary of the Glasgow submission;

(3)   the legislation allowed for a resubmission to be made by the two parties, however should the submission be rejected again, the parties would be directed by Scottish Ministers about the nature and form of integration within Glasgow;

(4)   consequently, it was imperative that the resubmission was completely fit for purpose at the point of submission and this would require a tripartite agreement between the Council, NHS GGC and civil servants;

(5)   work had been undertaken on the re-wording requirement and it was the intention of the Council to submit the final version to the Executive Committee on 25th June 2015, prior to resubmission to Scottish Ministers; and

(6)   this would result in the scheme being presented to Scottish Ministers after the parliamentary recess, with a likely start date for the IJB of late September 2015.

Glasgow City Health and Social Care Partnership - Brand identity noted.

4   There was submitted and noted a report by the Chief Officer Designate regarding work undertaken to establish a brand identity for the Glasgow City Health and Social Care Partnership (GHSCP) advising that

(1)   the Communications Workstream had established a sub-group a which included representation from communications staff from the Council and NHS GGC to take forward the development of a creative solution for the GHSCP brand identity including a logo;

(2)   a number of proposals had been developed and presented to the GHSCP Joint Executive team together with staff from the council and NHSGGC including corporate, health and social work; and

(3)   confirming that the agreed solution, as appended to the report, was compliant for colour contrast and colour blindness accessibility and would be applied across a brand identity system which included letterhead stationary, presentation templates, leaflets and staff identity badges.

Development of Joint Performance Management process noted etc.

5   There was submitted a report by the Chief Officer Designate regarding the development of a Joint Performance Management process for the Glasgow Health and Social Care Partnership, advising that

(1)   to ensure effective monitoring of the GHSCP Strategic Plan, a performance management framework was being developed linked to the nine National Health and Wellbeing Outcomes;

(2)   high level indicators related to the National Outcomes were recently published by the Scottish Government and these were being used as a basis for Glasgow's performance management framework, allowing links to be made between operational delivery in localities, performance across care groups and across the partnership as a whole following a 'logic' model;

(3)   the logic model linked the National Health and Wellbeing Outcomes to the high level indicators published by the Scottish Government, and then in turn linked these to indicators adopted by Social Work Services and NHS Greater Glasgow and Clyde to measure delivery at locality and care group levels which would ensure that all performance management activity was focussed on the National Outcomes, delivery of which was a statutory requirement for partnerships; and

(4)   in addition to receiving care and service level summary performance reports the IJB would receive a range of operational performance scrutiny reports from both internal and external scrutiny bodies such as Council Internal Audit, Audit Scotland, Healthcare Improvement Scotland and the Care Inspectorate; and

(5)   the Public Bodies (Joint Working) (Scotland) Act 2014 required partnerships to produce an annual performance report within 4 months of the end of each reporting year, with Statutory Guidance on the form and content of partnerships' annual performance reports expected from Scottish Government later in 2015.

After discussion the SIJB,

(a)   noted the report; and

(b)   requested the Chief Executive Designate report to the next meeting on the Partnership's performance on delayed discharges.

Social Care Services – Care Inspectorate activity noted.

6   There was submitted and noted a report by the Chief Officer Designate providing a summary of Care Inspectorate activity across Social Care Services for the period from July 2014 to March 2015.

Programme of meeting dates noted.

7   The SIJB noted the undernoted programme of meeting dates;

2015
22nd June at 10.30
11th August at 14.00
6th October at 14.00
1st December at 14.00

2016
8th February at 10.00
11th April at 10.00 (provisional)

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By:	David Williams, Chief Officer Designate
Contact:	Allison Eccles, Head of Business Development
Tel:	0141 287 8751

Integration Scheme Update

Purpose of Report:	To receive an update on preparation of an amended Integration Scheme for presentation to Scottish Ministers.

Recommendations:	To note the changes made to the draft Integration Scheme following consideration of comments received from the Scottish Government.

Implications for IJB	
Financial:	Upon establishment of the Integrated Joint Board, and on completion and approval of the Strategic Plan, the associated budgets for relevant council and health board functions to be delegated to the Integration Joint Board will be aligned to and controlled by the Integration Joint Board.
Personnel:	Staff of the respective parent organisations will continue to be employed by those organisations.
Legal:	If the revised Integration Scheme is rejected by the Cabinet Secretary this may result in the parties being directed by the Scottish Ministers as to the form and nature of integration in Glasgow.
Economic Impact:	None
Sustainability:	None

1

Sustainable Procurement and Article 19:	None
Equalities:	An Equalities Impact Assessment was carried out on The Integration Scheme before presentation to the Council and Health Board in January and February 2015. Officers have reviewed the amended scheme and advise that there is no change to the findings of the original EQIA.
Implications for Glasgow City Council	Upon establishment of the Integrated Joint Board, and on completion and approval of the Strategic Plan, the relevant council and health board functions will be delegated to the Integration Joint Board.
Implications for NHS Greater Glasgow & Clyde	Upon establishment of the Integrated Joint Board, and on completion and approval of the Strategic Plan, the relevant council and health board functions will be delegated to the Integration Joint Board.

1.   Purpose

1.1   To advise the Shadow IJB of the revised draft Integration Scheme produced by Glasgow City Council and NHS Greater Glasgow and Clyde, as required by the Public Bodies (Joint Working) (Scotland) Act 2014.

2.   Background

2.1   The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act') received Royal Assent on 1 April 2014.

2.2   The Act requires health boards and local authorities to integrate planning for and delivery of certain adult health and social care services as a minimum, with additional services included at local discretion. The Act provides two methods by which this joint working can be governed, delegation between partners in a 'lead-agency' model or establishment of an Integration Joint Board in a 'body corporate' model.

2.3   The City Council and Health Board agreed that Glasgow adopt the Integration Joint Board model of integration, and that Children's Services, Criminal Justice and Homelessness Services also be integrated under these arrangements.

2.4   An Integration Scheme must be drafted jointly by local authorities and health boards, which sets out the detail as to how services will be integrated within the partnership area. Section 7 of the Act requires the Health Board and Local Authority to submit jointly an integration scheme for approval by Scottish Ministers. The integration scheme must include all matters prescribed in Regulations.

2

2.5   Once the scheme has been approved by the Scottish Ministers, the
        Integration Joint Board (which has distinct legal personality) will be
        established by Order of the Scottish Ministers.

2.6   A draft Integration Scheme as approved by the parent bodies was submitted
        to the Scottish Ministers on 31 March 2015.

2.7   On 29 April 2015, feedback was received from Civil Servants on the content
        of the Glasgow Scheme. This feedback identified a number of areas for
        revision.

2.8   The tenet of much of the feedback was that minor re-wording and re-phrasing
        was required in order to evidence strongly the nature and intent of joint
        working and integration within Glasgow. This feedback reflected a formal
        rejection by the Cabinet Secretary for Health and Wellbeing of the Glasgow
        City submission.

3.   Integration Scheme

3.1   The legislation allows for a resubmission to be made by the two Parties,
        however, if this resubmission is rejected again, the Parties may be directed by
        Scottish Ministers about the form and nature of integration within Glasgow.

3.2   A revised Integration Scheme has been drafted by the Council and Health
        Board, in consultation with Civil Servants of the Scottish Government and
        taking into consideration comments received on the original draft Scheme.

3.3   The main areas of the Integration Scheme which have been revised from the
        version reviewed previously are:

        • Revision of aspects of the relationship between the Integration Joint
          Board, Council and Health Board for operational service delivery, in
          line with the Act and associated Regulations
        • Clarification as to the roles and responsibilities of the Council, Health
          Board and Integration Joint Board as they relate to the discharge of
          Clinical and Care Governance functions
        • The role of the Chief Officer with regards to operational management of
          integrated functions
        • Clarification as to which Council and Health Board functions are and
          are not delegated to the Integration Joint Board.

3.4   In addition, a number of minor technical adjustments were made in areas
        such as complaints handling, dispute resolution, finance and workforce
        governance to bring the scheme in line with Ministerial expectations.

3.5   Given the period of time and number of amendments made to the Integration
        Scheme since being originally reviewed by the City Council, it is planned that
        the draft Integration Scheme will be further reviewed by the City Council

3

Executive Committee on 25th June 2015. Following endorsement on behalf of the Health Board the revised Scheme will then be submitted to Scottish Ministers.

3.6   It is anticipated that the Scheme if approved by the Cabinet Secretary, will be laid before Parliament after the Parliamentary recess, so that the IJB is created from mid September.   Delegation of functions would take place following consultation on and approval of the Strategic Plan by the Integration Joint Board.

4

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By:	Chief Officer Designate
Contact:	David Williams
Tel:	0141 287 8853

UPDATE ON DEVELOPMENT OF STRATEGIC PLAN

Purpose of Report:	To update the Shadow Integration Joint Board on progress towards development of the Strategic Plan for the Glasgow Health and Social Care Partnership

Recommendations:	The Shadow Integration Joint Board is asked to note this report

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	The IJB is required to have a Strategic Plan in place by 1 April 2016
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	Upon approval of the Strategic Plan, Council functions as outlined in the Integration Scheme are delegated to the IJB
Implications for NHS Greater Glasgow & Clyde	Upon approval of the Strategic Plan, Health Board functions as outlined in the Integration Scheme are delegated to the IJB

1 Purpose

1.1 The purpose of this report is to update the Shadow Integration Joint Board on progress towards development of the Strategic Plan for Glasgow Health and Social Care Partnership.

2 Background

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act') received Royal Assent on 1 April 2014.

2.2 The Act places a duty on Integration Authorities to develop a strategic plan for the integrated functions to be included in the Health and Social Care Partnership (HSCP), and the budgets under control of the IJB. The strategic plan should set out how the Partnership will plan and deliver services over the medium term.

2.3 Scottish Government guidance on strategic planning sets out the expectations for strategic plans. HSCPs are required to fully engage with a range of stakeholders (specified in Regulations) in the preparation, publication and review of the strategic plan.

2.4 The Shadow Integration Joint Board reviewed a paper on 23rd February 2015 on progress to date on the development of the Strategic Plan, the first draft of which will be presented for review by the Integration Joint Board upon its establishment. This paper further updates on the plan development.

3 Strategic Planning Groups

3.1 Development of the Strategic Plan for the Partnership is being co-ordinated through the Strategic Planning Forum reporting into the Executive Management Team in preparation for consideration and approval by the Integration Joint Board when established.

3.2 The membership of the six Strategic Planning Groups was reviewed for compliance with the statutory minimum membership as outlined in Regulations, vacancies identified, and representative bodies invited to nominate an individual or individuals from their membership to apply to join one or more Strategic Planning Groups. Each Group reviewed these applications and subsequently recruited representatives. Formal links also have been made with the Housing, Health and Social Care Group hosted by the Council's Development and Regeneration Services to secure representation from the non-commercial housing sector.

3.3 Four of the Strategic Planning Groups have now held Organisational Development sessions with their members, with the final two being planned.

3.4   Work is well underway within the six Strategic Planning Groups and the Strategic Planning Forum on the drafting of the first Strategic Plan for the Partnership.

4.   Development of the Strategic Plan

4.1   Each Strategic Planning Group has developed their care-group specific elements of the Plan. Overarching and cross-cutting content, as well as input from Criminal Justice and Children and Families, has been drafted by other members of the Strategic Planning Forum (i.e. members of the Planning and Performance Workstream).

4.2   Work is also underway to develop the strategic plans for areas / services not specifically covered by the Strategic Planning Groups listed above. For example, primary care services, health improvement and inequalities, and acute services planning.

4.3   The event scheduled for 4 June 2015 to review the draft plan had to be postponed at short notice due to the venue being double booked; no suitable alternatives could be identified in the short timescale. The purpose of this event was to primarily focus the respective Strategic Planning Groups on the further work required to finalise a draft of the plan.

4.4   The further work to be carried out by Strategic Planning Groups is focussed on telling the story of what we intend to do in the short, medium and long term to deliver the transformational change needed to deliver effective integrated health and social care services which support the vision of the IJB, achievement of the National Outcomes and address the rebalancing of service provision required in the face of the significant financial pressures ahead for the partnership. The event has been rescheduled for 29th July 2015 and an invitation to attend this event is again extended to all members of the Shadow IJB.

4.5   A revised timeline for finalising development and consultation on the Strategic Plan is attached at Appendix 1. The timeline reflects the progress towards anticipated approval of the Integration Scheme and subsequent establishment of the IJB proper as outlined in a paper to the Shadow IJB on 27 May 2015. The process for formal consultation on the plan is laid out to some extent in the legislation, and cannot begin until the IJB proper has reviewed the plan and approved it for consultation. A paper on the proposed consultation process for the Strategic Plan will be tabled at the first meeting of the IJB along with the draft Plan itself.

5.   Recommendations

5.1   The Shadow Integration Joint Board is asked to note this report.

Appendix 1 - Timescale for Production of Strategic Plan

Activity	Date
Agree Strategic Planning Structure, initial work by SPGs and Planning Forum to develop Plan	Oct-14 to July 15
Overarching Strategic Plan finalised by Strategic Planning Forum	July 15
Review of Draft Plan by SPGs - Event	July 15
Draft Strategic Plan progress updated to Shadow IJB	Aug-15
Integration Joint Board established by Ministerial Order	Sept-15
Draft Strategic Plan and consultation process presented to Integration Joint Board for approval	Oct-15
Consultation on draft Strategic Plan	Oct-15 to Dec-15
Consultation responses reviewed and plan revised as required	Jan-16
Final draft plan presented to Integration Executive Group for review	Feb-16
Final draft plan presented to Integration Joint Board for approval	Mar-16
Strategic Plan in place and functions delegated from Council and Health Board to IJB	1 April 16

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By:	David Williams, Chief Officer Designate
Contact:	Stephen Fitzpatrick, Head of Adult Services (GCC)
Tel:	0141 276 5596

Integrated Care Pathway for Older People

Purpose of Report:	To update the Shadow Integrated Joint Board on progress to develop an Integrated Care Pathway for Older People in Glasgow including; - the provision of Intermediate Care beds - the move to 72 hour discharge - the real and anticipated impact on delayed discharge - the work to develop a model for AWI and mental health patients and - the communication and organisational development plans to support this work

Recommendations:	The Shadow Integration Joint Board is asked to note this report.

Implications for IJB	Reducing the number of older people delayed in hospital beds is a core priority for the HSCP. It is central to shifting the balance of care in line with agreed strategy, improving outcomes for older people and efficient operation of the overall health and social care system.
Financial:	This activity is funded by the Scottish Government's Integrated Care Fund.
Personnel:	No issues.
Legal:	No issues.
Economic Impact:	No issues.

Sustainability:	No issues.
Sustainable Procurement and Article 19:	The intention is to move towards formal procurement of intermediate care later in the current financial year.
Equalities:	This pathway has been developed in alignment with public sector equality duties.
Implications for Glasgow City Council	Supports delivery of a core strategic priority.
Implications for NHS Greater Glasgow & Clyde	Supports delivery of a core strategic priority.

1.0   Purpose

1.1   To update the Shadow Integrated Joint Board on progress to develop an Integrated Care Pathway for Older People in Glasgow including;

- the provision of Intermediate Care beds
- the move to 72 hour discharge for people aged 65+ (excluding mental health and Adults with Incapacity)
- the impact on delayed discharge
- the work to develop a model for AWI and mental health patients
- the communication and organisational development plans to support this work

2.0   Progress to Date

2.1   As per the previous presentation to the Shadow IJB on this subject, initial work has focused on the 'discharge from acute services' element of the pathway. From April 2015 the Scottish Government set a new target of discharge within 14 days of being assessed as 'fit for discharge'. However, the Glasgow HSCP has been working towards the more ambitious target of 72 hours across the city over the last few months. This target was introduced incrementally, beginning in the North East sector on 1 December 2014, then North West and South sectors from 2 February.

2.2   The aim is to ensure patients deemed fit for discharge are discharged within 72 hours, either home, home with support or to an intermediate care bed for a maximum of 4 weeks where they will receive further assessment and rehabilitation and their care plan will be developed and agreed. We want to support a move away from assessing older people for their long term care needs in hospital as evidence suggests this is usually not the most appropriate place to carry out such assessments.

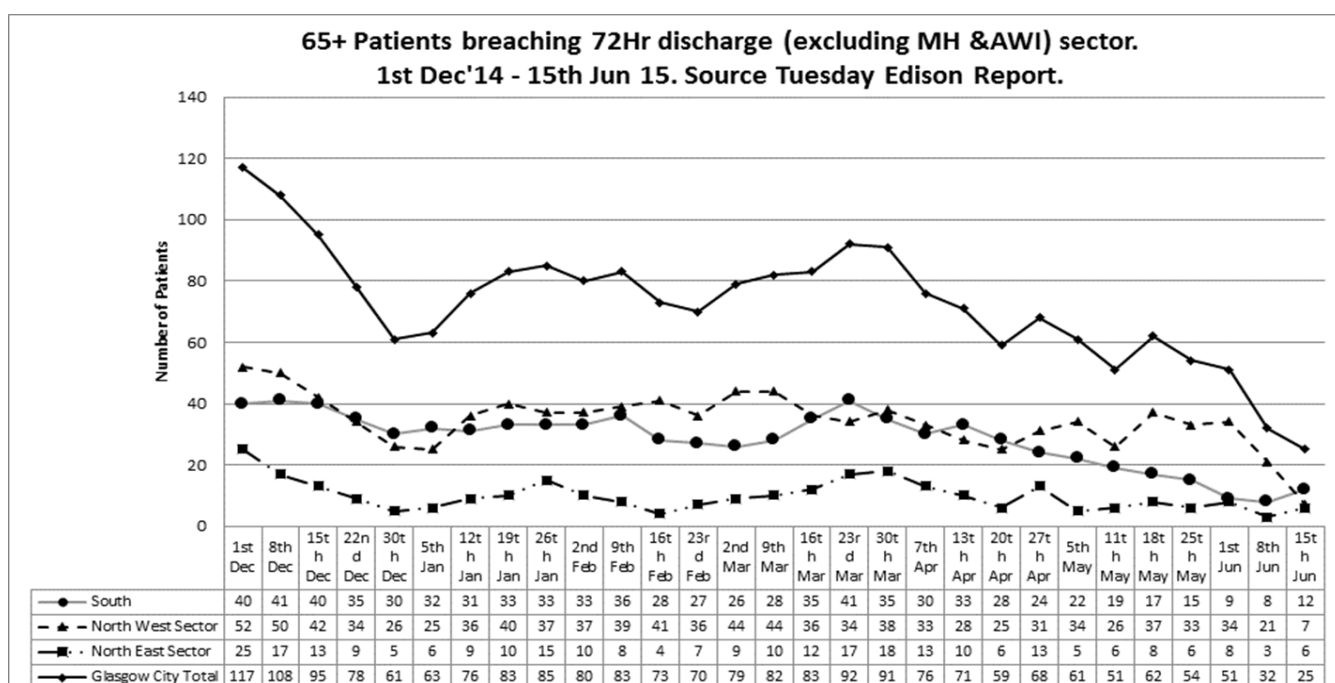2.3   Key improvements include;

a)   Refined, streamlined and consistent processes have been identified and are being introduced across the city.
b)   Extension of best practice across the city is underway in terms of management of delays and processes to improve efficiency and effectiveness.
c)   Additional social work capacity has been secured (3 social care workers to support hospital teams).
d)   New capacity in the form of intermediate care beds has been introduced. Appendix 1 outlines this new Intermediate Care capacity.
e)   Additional Rehabilitation capacity has been secured to support the rehabilitation and assessment of those people in intermediate care beds.

2.4   The delivery of the model is based on a number of core assumptions which include:

a) Patients requiring social work involvement are discharged within 72 hours of fit for discharge (FFD).
b) Occupancy in intermediate care is maintained at 90%.
c) Average length of stay in intermediate care does not exceed 4 weeks.
d) Priority is given in the allocation of permanent care home placements to patients in step-down care which in turn will free up capacity to take further patients from acute hospitals.
e) The planned increased step-down capacity is commissioned and available on schedule.
f) The operation of step down with rehabilitation and re-ablement supports at least 30% of patients to return to their own home.
g) The level of unscheduled emergency admissions does not significantly surge or spike.
h) Work continues to reduce unscheduled acute activity particularly at the point of pre-admission or in Accident and Emergency.

Impact on delayed discharges and performance against the target of 72 hour discharge is outlined in the charts and tables below.
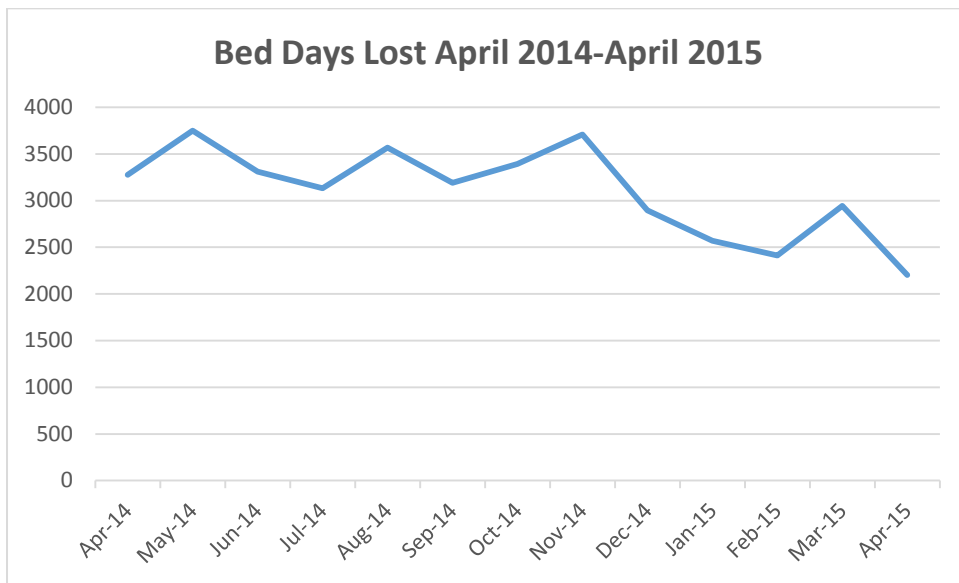
3.0 Impact on Delays

65+ Patients breaching 72Hr discharge (excluding MH &AWI) sector. 1st Dec'14 - 15th Jun 15. Source Tuesday Edison Report.

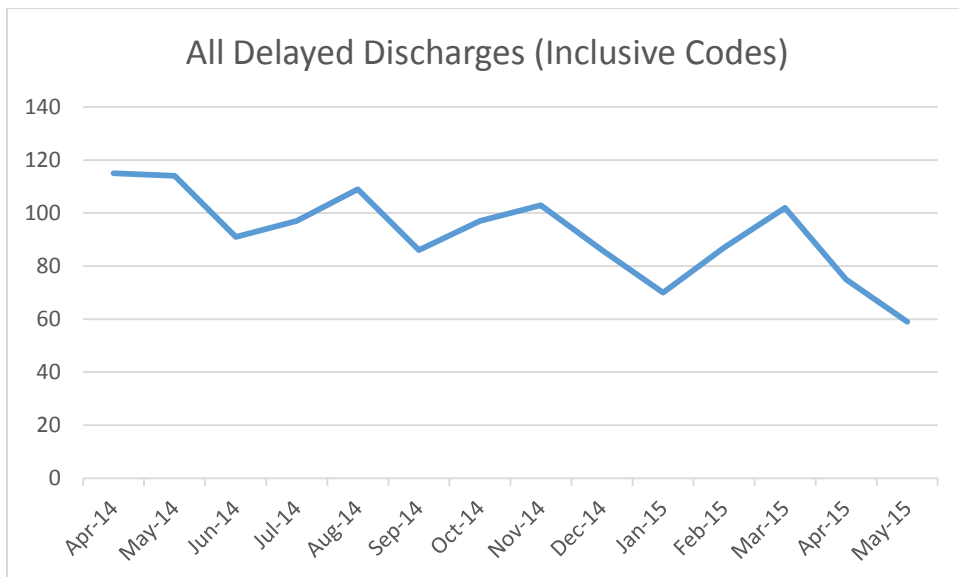|	1st Dec	8th Dec	15th Dec	22nd Dec	30th Dec	5th Jan	12th Jan	19th Jan	26th Jan	2nd Feb	9th Feb	16th Feb	23rd Feb	2nd Mar	9th Mar	16th Mar	23rd Mar	30th Mar	7th Apr	13th Apr	20th Apr	27th Apr	5th May	11th May	18th May	25th May	1st Jun	8th Jun	15th Jun
South	40	41	40	35	30	32	31	33	33	33	36	28	27	26	28	35	41	35	30	33	28	24	22	19	17	15	9	8	12
North West Sector	52	50	42	34	26	25	36	40	37	37	39	41	36	44	44	36	34	38	33	28	25	31	34	26	37	33	34	21	7
North East Sector	25	17	13	9	5	6	9	10	15	10	8	4	7	9	10	12	17	18	13	10	6	13	5	6	8	6	8	3	6
Glasgow City Total	117	108	95	78	61	63	76	83	85	80	83	73	70	79	82	83	92	91	76	71	59	68	61	51	62	54	51	32	25

3.1 The table above outlines the number of people aged 65+, excluding those with mental health and incapacity/ AWI diagnoses (i.e. the target population for the 72 hour target) has reduced from 117 when the target was introduced on 1 December 2014 to 25 at 15 June 2015, a reduction of 79%.

3.2 The next table indicates that the number of bed days lost for the 65+ population reduced from a peak of 3,749 in May 2014 to 2,204 in April 2015, a

reduction of over 41%. This improvement has largely been delivered since the introduction of the 72 hour target for the 65+ population in December 2014.

Bed Days Lost April 2014-April 2015

3.3 The table below indicates that overall delayed discharge numbers (i.e. all patients in hospital beyond the fit for discharge date, including mental health and adults) reduced from 115 in April 2014 to 59 in May 2015, a decrease of 49%.

All Delayed Discharges (Inclusive Codes)

3.4 These are significant performance improvements that have substantially reduced pressure on the acute hospital system at a time of transition to the new South Glasgow Hospital. It has been characterised by a levelling up of performance to North East sector levels across North West and South sectors and by ensuring almost no patient transfers from the Mansionhouse Unit/ Victoria Infirmary to the new hospital. A similar focus has been brought to bear on Drumchapel Hospital to support acute system changes in North West.

Further, as per 4.4 below, although still included as hospital bed days lost, the Partnership has made off site provision for AWI patients in the South and North West of the city, which has again freed up a high number of hospital beds at a time of extreme pressure.

4.0   Further Work/Next Steps

4.1   The model will continue to be reviewed and refined over the coming weeks and months and lessons shared across the city. A longer term commissioning plan and tender process is being developed based on the outcomes of the past 6-8 months. It is through this process that the level and nature of long term intermediate care provision will be determined.

4.2   In particular the appropriateness of patients moving into intermediate care beds requires further analysis as the new system becomes embedded.

4.3   Work has recently started which will focus on the 'front door' aspects of the overall patient pathway(s); i.e. reviewing and analysing what happens at A&E, in primary care settings and in the community to prevent or divert unplanned admissions. This includes the roll out of anticipatory care plans for people discharged from intermediate care beds.

4.4   Work is also underway to ensure those patients who are fit for discharge but are going through the adults with incapacity process can be cared for in a more homely setting. Care Home beds have been commissioned in the South (Darnley, 30 beds) and North West (Quayside, 20 beds) to facilitate this. These patients remain under the care of acute services and are not discharged from hospital but are cared for in a more appropriate environment. We are currently working with acute colleagues to review the long term plan for the AWI cohort.

4.5   A key aspect of all of this change is a focus on changing culture and behaviours across three different organisational structures: Glasgow City Council Social Work Services, Glasgow City Community Health Partnership (including General Practitioners) and NHS Greater Glasgow and Clyde Acute Services. In addition we are engaging with a range of Stakeholders from Care Providers, Voluntary Sector, Housing Agencies and Service Users and Carers to ensure the pathways are appropriate and connected. Planning is also underway to support the development of 'integrated team' working. Improvement Engagement events with all of these sectors well represented have taken place in November 2014, February and March 2015 and further work is planned for the coming months as this work develops.

4.6   The expected benefits coming out of this work include;

   a)   A change in culture that sees living at home as the norm for Older People.
   b)   A move away from assessing Older People in hospital for their longer term care needs.
   c)   A reduction in delays in discharging older people from acute care.

d)   A reduction in the number of older people entering residential/ nursing home care.
e)   An increase in the number of Older People living independently or with support at home.
f)   Shared and agreed understanding of the pathways and the roles of agencies and individuals within the pathways.
g)   An improved quality of care for older people by reducing the length of hospital delays and avoiding the associated risks of increased dependence, infection and social isolation.
h)   Improved bed availability through reductions in delayed discharges within the acute division.

5.0   Recommendations

5.1   The Shadow Integration Joint Board is asked to note this report.

Appendix A: Intermediate Care Provision

	Name of Carehome	No of Bed as at 15.06.15	No of Bed as of July 2015
North East			
	Northgate	10	10
Step up	Greenfield Park***	6	6
Step Down	Greenfield Park***	3	3
Spot purchase beds	Greenfield Park***	3	3
	Ashton Grange	12	12
North East Sub-Total		34	34
North West			
	Fourhills***	8	0
	Oakbridge	15	15
	Quayside***	15	24
North West Sub-Total		38	39
South	Glenlivit Gardens	13	18
	Lambhill Court	15	15
	Cartvale	5	8
South Sub-Total		33	41
Total		**105**	**114**

*** Please note 3 beds at Greenfield park are spot purchase beds

*** Please note no of beds at Fourhills is reducing daily as no more admissions to be made

*** Please note Quayside no. of beds will increase, there should be total of 24 beds available by **23/06/2015**

Item No 7

22nd June 2015

Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board

Report By:	Chief Officer Designate
Contact:	Allison Eccles, Head of Business Development
Tel:	0141 287 8751

RISK MANAGEMENT STRATEGY

Purpose of Report:	The purpose of this report is to inform the Shadow Integration Joint Board of: • the approach to risk management as outlined in the Integration Scheme; and • the current status of risk management by partner bodies and development work currently being undertaken.

Recommendations:	The Shadow Integration Joint Board is asked to note this report

Implications for IJB	No current implications for Shadow IJB; implications for full IJB once established are as noted below.
Financial:	Financial implications may arise for some individual risks if the mitigation actions/controls that are currently in place do not work as anticipated.
Personnel:	Staffing resource requirements to maintain and develop integrated risk register.
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	Current risk reporting arrangements between Social Work Services and Glasgow City Council to be reviewed in

	development of integrated risk management strategy.
Implications for NHS Greater Glasgow & Clyde	Current reporting arrangements between Glasgow CHP and NHS Greater Glasgow and Clyde to be reviewed in development of integrated risk management strategy.

1.   Purpose

1.1.   The purpose of this report is to inform the Shadow Integration Joint Board:
- of the approach to risk management as outlined in the Integration Scheme; and
- the current status of risk management by partner bodies and development work currently being undertaken.

2.   Background

2.1.   The Integration Scheme states that a risk management strategy and procedure will be developed by the Integration Joint Board which demonstrates a "practical and systemic approach" to addressing potential and actual risks related to the planning and delivery of services. The primary aims and objectives of the strategy are to:

- promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;
- establish communication and sharing of risk information through all areas of the Integration Joint Board;
- initiate measures to reduce the Integration Joint Board's exposure to risk and potential loss; and
- establish standards and principles for the efficient management of risk, including regular monitoring and review.

2.2.   The Integration Scheme also commits the Partnership to develop risk management procedures and a risk register which encompass best practice by the Council and Health Board in their ongoing management of strategic and operational risk.   This includes the development of a "shared risk register" between the Integration Joint Board, the Council and the Health Board.

3.   Health & Social Care Partnership Risk Management Policy & Strategy

3.1.   A specimen Risk Management Policy and Strategy document has been developed and approved through a sub-group of the Integration Technical Finance Workstream. This specimen policy and strategy is intended to be adapted by each of the Partnerships within the NHS Greater Glasgow & Clyde area, and its development was carried out by each of the relevant partner bodies (i.e. NHS and Local Authorities).

3.2.   The approved Policy & Strategy is attached as Appendix I, with sections to be defined by each partnership highlighted in yellow.   Work has begun in adapting this document for Glasgow and will be presented to an early meeting of the Integrated Joint Board, once established, for its consideration and approval. The Integration Scheme commits the Partnership to completing this work within three months of the formal establishment of the Integration Joint Board

4.   Current Status of Partners' Risk Registers

4.1.   An Integration Transition Risk Register has been developed and maintained by Health and Social Care colleagues, and was last reviewed in April 2015. This register is attached at Appendix II. Previous versions of this register noted the relevant Integration Workstreams and/or Project Groups as Risk Owners, however as these structures have now been superseded by shadow arrangements ahead of the constitution of the Integration Joint Board, these Risk Owners require to be reviewed and updated accordingly.

4.2.   Both Health and Social Work Services currently maintain Risk Registers in line with the relevant policies of their parent bodies. The most recently updated Risk Register for Glasgow City Council Social Work Services is attached as Appendix III. This excerpt shows the highest level risks (rated 9 or above) subsequent to mitigation actions/controls currently in place.

4.3.   The most recent updated Risk Register for Glasgow City CHP is attached as Appendix IV. This excerpt shows the highest level risks (rated 9 or above) subsequent to mitigation actions/controls currently in place.

5.   Planned Development

5.1.   In line with the requirements of the Integration Scheme and the approved Risk Management Policy & Strategy, the partner bodies have commenced development activity towards a single Risk Register which will be reported to the Integration Joint Board upon its establishment, at the frequency detailed within the Risk Management Policy.   In the short to medium term, the partner bodies will continue to manage updates and analysis of the risks that are relevant to them as per their existing corporate arrangements. Concurrently with this, the partner bodies will undertake to develop a proposal to the Integration Joint Board on the integration of these processes in line with the approved policy and the reporting requirements of both the Integration Joint Board and Executive Management Team.

5.2.   The Integration Scheme commits the Integration Joint Board to identifying a nominated individual to oversee the co-ordination of risk management in line with the approved Risk Management Policy & Strategy. Given the timescales of the formal constitution of the Integration Joint Board, and the development work currently being undertaken, the Executive Management Team will ensure an appropriate level of oversight.

6.   Recommendations

6.1.   The Shadow Integration Joint Board is requested to note this report.

[Relevant Partnership Logo Here]

Glasgow Integration Joint Board

Risk Management Policy and Strategy

Version No.	1.0		
Date Effective:	00/00/0000	Review Date:	00/00/0000

CONTENTS

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

Policy – the risk management approach

1.1 The **[Area]** Integration Joint Board is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.2 In doing so the Joint Board aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the Joint Board and others who interact with the services delivered under the direction of the Joint Board.

1.3 The Integration Joint Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;

- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;

- high achievement of objectives and targets;

- high levels of morale and productivity;

- better use and prioritisation of resources;

- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and

- a positive reputation established for the Joint Board.

1.4 The Joint Board purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the Joint Board can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

1.5 In normal circumstances the Joint Board's appetite/ tolerance for risk is as follows:

[IJB to insert here the normal level of risk that will be acceptable, unacceptable and tolerable – for example, low or green risk shown in the matrix here could be 'acceptable.']

This can be seen clearly in the following matrix:

Likeli-hood	Consequent Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

1.6 The Joint Board promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the Joint Board.

1.7 The Joint Board will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the Joint Board.

1.8 The Joint Board, through the following risk management strategy, has established aRisk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

Strategy - Implementing the policy

1.   Introduction

1.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;

- establish communication and sharing of risk information through all areas of the Integration Joint Board;

- initiate measures to reduce the Integration Joint Board's exposure to risk and potential loss; and,

- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3 **Strategic risks** represent the potential for the Integration Joint Board (IJB) to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activites of an individual service area or team operating within the scope of the Joint Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.
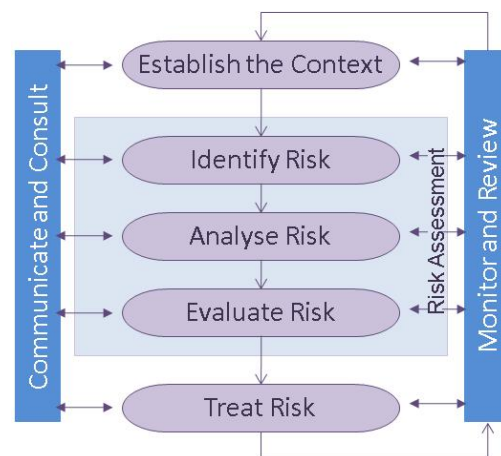
1.5 All risks will be analysed consistently with an evaluation of risk as being *[IJB to agree evaluations] Examples, low/ mod/ high/ very high/ red/ amber/ yellow/ green?]. [IJB to agree what level of risk will be referred to as 'significant' and therefore be subject to closer scrutiny by the Board]. Examples, 'high and above' or risks scoring >nn*.

1.6 This document represents the risk management framework to be implemented across the Joint Board and will contribute to the Joint Board's wider governance arrangements.

2.   Risk management process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects[1] It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.

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[1] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

3.   Application of good risk management across the IJB activities

3.1 Standard procedures (3.1.1 – 3.1.10) will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of good risk management.

3.1.1   Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.

3.1.2   Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.

3.1.3   Categorisation of risk under the headings below:

- ▪ Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes.

- ▪ Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Customer Service, Employee Health, Safety & Well-being, Business Continuity/ Supply Chain, Information Security and Asset Management.

3.1.4   Appropriate ownership of risk. Specific risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.

3.1.5   Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.

3.1.6   Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the Joint Board in keeping with its appetite/ tolerance for risk. In the case of opportunities, the Joint Board may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the Joint Board is confident in its ability to achieve the benefits and manage/ contain the associated risk.

3.1.7   Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.

3.1.8   Reporting of strategic risks and key operational risks to the IJB on a [**IJB to agree fequency**] basis.

3.1.9   Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by **[the Senior Management Team – IJB to agree]**

3.1.10 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

Realising the risk management vision

4.	Risk management vision and measures of success

[IJB to insert local risk management vision statement here]

***Example**: Appropriate and effective risk management practice will be embraced throughout the Integration Joint Board as an enabler of success, whether delivering better outcomes for the people of [Area], protecting the health, safety and well-being of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.*

4.1 In working towards this risk management vision the Joint Board aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.

4.2 The measures of success for this vision will be:

[IJB to insert local measures of success here]

Examples:

- *good financial outcomes for the Joint Board*
- *successful delivery of the strategic plan, objectives and targets*
- *successful outcomes from external scrutiny*
- *fewer unexpected/ unanticipated problems*
- *fewer incidents/ accidents/ complaints*
- *fewer claims/ less litigation*

Risk leadership and accountability

5.	Governance, roles and responsibilities

5.1 <u>Integration Joint board</u>
Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements;
- receipt and review of reports on strategic risks and any key operational risks that require to be brought to the IJB's attention; and,
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like *(A 'risk implications' section on relevant board papers could facilitate this)*.

5.2 <u>Chief Officer</u>
The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

5.3 <u>Chief Financial Officer</u>
The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

5.4 <u>Senior Management Team</u> **[or other name to be agreed by the IJB]**

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

5.5 <u>Individual Risk Owners</u>

It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.

5.6 <u>All persons working under the direction of the IJB</u>

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsbility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

5.7 <u>Partner Bodies</u>

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

5.8 <u>Senior Information Risk Owner</u>

Responsibility for this specific role will remain with the individual partner bodies.

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

Resourcing risk management

6.   Resourcing the risk management framework

6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Joint Board will be resourced through the Senior Management Team's arrangements (referred to in 5.4).

6.2 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

7.   Resourcing those responsible for managing specific risks

7.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.

7.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

Training, learning and development

8.   Risk management training and development opportunities

8.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 5.4).

Monitoring activity and performance

9.   Monitoring risk management activity

9.1 The Joint Board operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.

9.2 Monitoring will include review of the IJB's risk profile at Senior Management Team level.

9.3 **[IJB to agree here, how and how often 9.2 should be undertaken]** Example: Quarterly or six monthly; all strategic and shared risks and key operational risks.

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

9.4   It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

10.   Monitoring risk management performance

10.1   Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.

10.2   Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.

10.3   The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

10.4   Reviewing the Joint Board's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the Joint Board, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the Joint Board.

Communicating risk management

11.   Communicating, consulting on and reviewing the risk management framework

11.1   Effective communication of risk management information across the Joint Board is essential to developing a consistent and effective approach to risk management.

11.2   Copies of this policy and strategy will be widely circulated via the Senior Management Team and will form the basis of any risk management training arranged by the IJB.

11.3   The Policy and Strategy (version 1.0) was approved by the Integration Joint Board at its meeting of [00/00/0000].

11.4   This policy and strategy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Board's business environment.

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

Appendix 1 Risk Matrix

[IJB to insert its chosen risk matrix here]

Note, the common matrix currently used across the majority of partners within the NHS GGC wide area is a 5x5 matrix.

Document Title:	Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

Description of Risk	Risk Owner	Initial Risk Level				Controls	Current Risk Level				Review Date
		Likelihood	Consequences	Risk Ranking	Risk Level		Likelihood	Consequences	Risk Ranking	Risk Level	
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	To be agreed	4	5	20	High	- Review instruction from Scottish Government and consider current planned timescales in this context	4	4	16	High	Jun-15
There is a risk of the IJB being unable to budget within allocated resources and that partner bodies are unable to provide additional resources in order to support a recovery plan. This could lead to being unable to deliver on the Strategic Plan	Chief Finance & Resources Officer	5	4	20	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	5	2	10	Medium	Jun-15
There is a risk that the Timescale for Ministerial approval of Integration Scheme may conflict with Glasgow's planned 'go-live' dates which may lead to a period where there is no legally constituted IJB following the dissolution of the CHCPs	To be agreed	4	5	20	High	- Review instruction from Scottish Government and consider current planned timescales in this context Glasgow timescales have been revised on the basis of ministerial approval timescales. Alternative solution for status of CHCP between repeal of previous legislation and establishment of IJB has been found	4	1	4	Low	Jun-15
There is a risk that the volume of staff resource required to establish effective integrated arrangements while continuing to undertake existing roles / responsbilities / workload of key individuals may impact on organisational priorities and operational delivery.	To be agreed	4	4	16	High	- identify organisational priorities, tasks that can be dropped / shelved to support focus on integration	3	4	12	Medium	Jun-15
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	To be agreed	4	4	16	High	- 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. There is recognition of a need for more reguslar positive communication on progress achieved.	3	3	9	Medium	Jun-15
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	To be agreed	4	4	16	High	- ensure consultation on 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	4	2	8	Low	Jun-15
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	To be agreed	5	3	15	Medium	- Continue to monitor	5	3	15	Medium	Jun-15

Risk		Inherent				Mitigation	Residual				
There is a risk that the Integration Scheme may not be approved by Scottish Ministers, leading to scheme being redrafted and statutory imposition of integration scheme which deviates from the Glasgow perspective	To be agreed	5	3	15	Medium	- Ensure scheme covers all areas defined by Regulations - Share draft scheme with contacts at Scottish Government for comment and guidance	5	2	10	Medium	Jun-15
There is a risk that the revised clinical and care governance structures and procedures are not widely communicated/understood which may lead to integrated clincial and care issues not being hierarchically / laterally transparent within the partnership	To be agreed	4	3	12	Medium	Need input from C & C governance workstream on arrangements for communication and implementation	TBC	TBC	TBC	TBC	Jun-15
There is a risk that uncertainty around future service delivery model may lead to any necessary developments or identified opportunities for improvement to provision of services in the period before full integration are resisted, delayed or compromised.	To be agreed	3	3	9	Medium	- 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	1	3	Low	Jun-15

APPENDIX III - SOCIAL WORK RISK REGISTER

Risk ref No	Description of Risk	Risk Owner	Initial Risk Level				Controls	Current Risk Level				Review Date
			Likelihood	Consequences	Risk Ranking	Risk Level		Likelihood	Consequences	Risk Ranking	Risk Level	
SWS-25	**There is a risk that** the implementation of welfare reform **will lead to** increased deprivation for the most vulnerable citizens, **thereby leading to** an increased demand for social work services including emergency payments, homelessness, welfare rights and general social work support. **This could affect** the ability of the service to meet demand.	Asst Director of Social Care Services	5	5	25	High	Contribution to the corporate welfare reform group; effective communications with service users and other stakeholders; information dissemination on rights to appeal; appeals packs for service users developed; Welfare Reform training delivered to 3rd sector.	5	4	20	High	Jun-15
SWS-30	**There is a risk that** resolution of outstanding design issues and adverse site conditions on the Leithland site **could result in** an operational and financial impact on SWS programme.	Head of Service Development	5	4	20	High	Capital Programme Governance arrangements. Regular monitoring of contract by DRS Project Team. Reporting to Social Work Capital Board. Reporting to Council Capital Board. Corporate partners working to develop viable solutions which will be evaluated through the governance process.	4	4	16	High	Jun-15
SWS-17	**There is a risk that** the Glasgow MAPPA arrangements fail **resulting in** risk to Glasgow citizens from registered sex offenders	Executive Director of Social Care Services	4	5	20	High	Criminal Justice SMT is part of the agenda for the 4-weekly SWLT meeting. MAPPA Strategic Oversight Group meets every 3 months MAPPA Operational Group meets every 6 weeks MAPPA national guidance Multi agency Risk Register in place and standing item on the agenda of both meeting structures NASSO meeting every quarter with RSL providers Memorandum of Understanding in place between statutory agencies and reviewed annually Criminal Justice SMT monthly meeting to overview CJ practice Monthly CJ strategic/operational group chaired by Head of CJ	3	5	15	Medium	Jun-15
SWS-18	**There is a risk of** failure in the implementation of Child Protection procedures and arrangements **resulting in** increased and/or avoidable risk/harm to children and/or young people	Executive Director of Social Care Services	4	5	20	High	Children & Families SMT is part of the agenda for the 4-weekly SWLT meeting Child Protection Committee and sub groups Local area CP forums Quarterly meeting of Chief Officers group Management information produced and reviewed monthly at C&F SMT and area SMTs 1/2 yearly LMR process overseen and coordinated by CP team ASM structure providing QA, monitoring and objectivity to local practice Robust single agency and multi agency training programme in place	3	5	15	Medium	Jun-15
SWS-19	**There is a risk of** failure in the implementation of Adult Protection procedures and arrangements **resulting in** increased or avoidable risk/harm to vulnerable adults	Executive Director of Social Care Services	4	5	20	High	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	Jun-15
SWS-2	**There is a risk of** failure to meet statutory Health & Safety requirements. **This may result in** major loss of service through establishment fire, major catastrophe or infections; or singular catastrophic incidents **which could result in** death or serious injury of service users and/or staff.	Head of Corporate Services	4	5	20	High	Service Control of Abestos Management Standard issues June 2014 Departmental Health & Safety Policy & manuals Fire safety management system. H&S risk assessment processes, e.g. fire, legionella, alarms etc. Business Continuity Plans for functions being re-developed based on Business Impact Analysis exercise. Respond to all audit and inspection requirements. Emergency procedures in place for all 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. Legionella risk managed by ACCESS.	3	5	15	Medium	Jun-15

Risk ref No	Description of Risk	Risk Owner	Initial Risk Level				Controls	Current Risk Level				Review Date
			Likelihood	Consequences	Risk Ranking	Risk Level		Likelihood	Consequences	Risk Ranking	Risk Level	
SWS-28	**There is a risk that** care home design provision for resilience in the event of a utility failure **could result in** design solutions that may attract unforeseen and additional revenue and capital expenditure.	Head of Service Development	4	5	20	High	Capital Programme Governance arrangements. Corporate partners working to develop viable solutions which will be evaluated through the Governance Board.	3	5	15	Medium	Sep-15
SWS-29	**There is a risk that** resolution of outstanding design issues on the Commonwealth Games site **could result in** an operational and financial impact on SWS.	Head of Service Development	3	5	15	Medium	Capital Programme Governance arrangements.	3	5	15	Medium	Sep-15
SWS-1	**There is a risk that** arrangements with ACCESS do not meet the ICT requirements for Social Work Services **resulting in** a failure of SWS to meet its business objectives and deliver services **affecting** vulnerable service users.	Head of Service Development	4	4	16	High	Carefirst and ICT Strategy Board (fortnightly) Carefirst Technical Board (fortnightly) (ACCESS and supplier both present at the bove meetings) Current job swap arrangements between service managers from ACCESS and SWS Development of maintenance of pipeline plan	3	4	12	Medium	Jun-15

Risk ref No	Description of Risk	Risk Owner	Initial Risk Level				Controls	Current Risk Level				Review Date
			Likelihood	Consequences	Risk Ranking	Risk Level		Likelihood	Consequences	Risk Ranking	Risk Level	
SWS-16	**There is a risk that** the Department's service reform and Budget and Service Plan programmes fail to deliver the required outcomes in terms of delivery of statutory duties; service modernisation and financial savings. **This would have the impact of** necessitating potential drastic and unplanned cuts in order to realise the savings requirements **thereby** leaving services and service users vulnerable.	Executive Director of Social Care Services	5	4	20	High	Monthly SWLT agenda monitoring item Weekly Business Meeting to approve critical progress issues Service reform agenda reviewed monthly at SWS SRIG 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	3	4	12	Medium	Jun-15
SWS-3	**There is a risk of** negative media publicity resulting in loss of public support and low staff morale **affecting** our ability to deliver services to vulnerable children and adults and the confidence of service users in the services upon which they rely.	Head of Service Development	4	5	20	High	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 (Ione 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 and work programmed into project plans. Communications workstream is in place and operational with regards to joint communications for health and social care integration. Regular briefings procuced and circulated jointly to staff across both organisations to ensure that there is a consistency of message and timing.	3	4	12	Medium	Jun-15
SWS-6	**There is a risk that** contractor/partner arrangements fail. **This may result in** a failure to deliver services appropriately with a provider or other agencies **leading to** a failure to care/protect service users	Asst Director of Social Care Services	5	4	20	High	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. Ensuring providers/other agencies have health and safety procedures/arrangements in place	3	4	12	Medium	Jun-15
SWS-7	**There is a risk that** ICT security fails **resulting in** loss/misuse of data, breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users **affecting** public and service user	Head of Service Development	4	4	16	High	Council ICT Security policies and procedures and security management arrangements implemented by ACCESS Membership of Information Security Management Board. Information sharing protocol in place. All ICT developments progressed through project management methodology which includes risk logs.	3	4	12	Medium	Jun-15

Risk ref No	Description of Risk	Risk Owner	Initial Risk Level				Controls	Current Risk Level				Review Date
			Likelihood	Consequences	Risk Ranking	Risk Level		Likelihood	Consequences	Risk Ranking	Risk Level	
SWS-27	**There is a risk that** final confirmation of outstanding care home sites **will affect** the projected timescales associated with concluding the wider project objectives. **This could result in** a greater financial and operational impact on the Council.	Head of Service Development	3	5	15	Medium	Capital Programme Governance arrangements. Corporate partners working to develop viable solutions which will be evaluated through the Governance Board.	2	5	10	Medium	Sep-15
SWS-13	**There is a risk that** the use of multiple systems may affect and impede the development of joint working and service delivery **resulting in** duplication, lack of coordination and inefficient use of scarce resources.	Head of Service Development	4	3	12	Medium	Health and Social Care Integration (HSCI) ICT workstream LDSP and JIG oversee developments between councils and Health across GG&C, linking with the Scottish Government on national developments. Implementation of IAF and NORM.	3	3	9	Medium	Sep-15
SWS-26	**There is a risk of** reduced income from charging as service users experience a reduction in their income as a result of welfare reform. **This could affect** the ability of the service to meet demand.	Head of Service Development	4	3	12	Medium	Review charging policies	3	3	9	Medium	Sep-15
SWS-22	**There is a risk that** the Older Peoples Residential Strategy will fail to deliver the planned new care homes and day care facilities within approved capital and revenue budgets **resulting in** need to apply additional resources **affecting the** Council budget.	Head of Service Development	3	4	12	Medium	Capital Programme Governance arrangements. Regular monitoring of contractor by DRS Project Team. Reporting to Council Capital Board.	2	4	8	Low	Jun-15

APPENDIX IV - GLASGOW CITY CHP RISK REGISTER

Division	Title	Description	Owner	Likelihood (initial)	Consequence (initial)	Ranking (initial)	Risk level (initial)	Controls in place	Likelihood (current)	Consequence (current)	Ranking (current)	Risk level (current)	Review date
GCCHP	Failure to achieve service delivery within available funds; failure to deliver agreed financial savings	This current financial year requires careful planning to take account of Directorate as well as Board wide financial challenges	Mrs Fiona McNeill	5	5	25	1 Red	Monthly meetings with finance and review of savings plans monitored and updated as required.	5	5	25	1 Red	11/06/2015
GCCHP	Patient Flow	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 the continued pressure to admit fro TSH in relation to the appeals procedure , severely impacts on 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 having to use OOATs to manage the increasing need for beds.	Ms Jane Cairney	5	5	25	1 Red	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 as part of the Way Forward system and is currently carrying out an in-depth review of patient activity sources which will inform on proposals on better responding to this increasing flow and financial challenge. Weekly bed management meetings being held with CD/Bed Manager/Service Manage/Lead Nurses/Consultant psychiatrists. Engagement of senior management/finance to keep them appraised of situation. Position papers shared with Inter Regional Group, Forensic Network and NHSGGC.	5	5	25	1 Red	11/06/2015
GCCHP	Financial	Failure to achieve service delivery within available funds; failure to deliver agreed financial savings	Mrs Fiona McNeill	5	5	25	1 Red	Monthly meetings with finance and review of savings plans monitored and updated as required	5	5	25	1 Red	11/06/2015
GCCHP	Patient Flow	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 the continues pressure to admit from TSH in relation to the appeals procedure, serverely impacts on 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 having to use OOATS to manage the increasing demand for beds.	Mrs Fiona McNeill	5	5	25	1 Red	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 appeals 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 Manage/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	5	25	1 Red	11/06/2015
SGCHP	Continuing Care Beds Failing to Comply with Care Inspectorate Standards	Poor scores from care inspectorate visit at BUPA	Ms Christine Murphy	5	4	20	1 Red	Action plans in place , communication with BUPA to indicate severity of situation and request action is taken. Regular meetings with BUPA. CLO advice taken	5	4	20	1 Red	03/07/2015
NEGCHP	Shortage of Staff	Shortage of staff in homeless families team leading to inability to meet service demands	Ann Forsyth	5	4	20	1 Red	Interim agreement for mainstream services to respond to Homeless and Asylum notifications.⬜ Review meetings with service managers on frequent basis.⬜ GCC aware of need to fully assess risks for families presenting with children.⬜	5	4	20	1 Red	03/06/2015
NEGCHP	Shortage of Staff	Shortage of appropriate / competent staff compromising the ability to deliver service. In particular health visiting staff.	Mark Feinmann	5	4	20	1 Red	Recruitment arrangements⬜ Succession planning⬜ Contingency arrangements for poor weather and other circumstances	5	4	20	1 Red	03/06/2015
GCCHP	Financial	Failure to deliver savings plan in 2014/15 and 2015/16 which may result in overspend which will need to be met in future years from increased savings.	Mr John Dearden	4	4	16	2 Amber	Regular financial monitoring and reporting at Sector and CHP level, including Performance Scrutiny Group.	4	4	16	2 Amber	17/05/2015
GCCHP	Staff	Shortage of appropriate/competent/qualified staff compromising ability to deliver service including:-⬜ - failure to redeploy staff placed on redeployment register due to service redesign⬜ - ability to engage staff of appropriate skills and ability to meet organisational needs e.g. health visitors	Mr John Dearden	4	4	16	2 Amber	Workforce plan to predict future needs, application of succession planning, learning and education plans and effective implementation of KSF.⬜ Systems in place for redeployment with appropriate controls.⬜ Targetted recruitment.	4	4	16	2 Amber	17/05/2015
SGCHP	Pressure on OPMH beds	Pressure on OPMH beds (organics) both acute assessment and continuing care resulting in both cost pressure (continuing care)and operational difficulties	Ms Christine Murphy	4	4	16	2 Amber	Review of OPMH CC beds (south Glasgow and Renfrewshire) underway	4	4	16	2 Amber	03/07/2015

Division	Title	Description	Owner	Likelihood (initial)	Consequence (initial)	Ranking (initial)	Risk level (initial)	Controls in place	Likelihood (current)	Consequence (current)	Ranking (current)	Risk level (current)	Review date
SGCHP	Difficulty in recruiting Health visitors	Reduced caseload holders in the most vulnerable sector - less qualified staff to assess families and measure risk.	Kim Frater	4	4	16	2 Amber	All team leads have completed a basic cover document outlining how vacant caseloads are being covered. Reduced bureaucracy in recruiting to speed up process. Posts being offered as flexible hours to encourage part time staff. All suitable staff being interviewed are being offered existing vacant osts or posts that we anticipate will become vacant.	4	4	16	2 Amber	03/07/2015
SGCHP	Psychological Therapies	Risk of targets not continuing to be met because of increase in workload.	Clive Travers	4	4	16	2 Amber	Psychological Therapies Project Group Finance requires approval needed by CHP.	4	4	16	2 Amber	03/07/2015
GCCHP	The Board fails in its duty of care to prevent predictable harm	Monthly risk review meetings continue to be held to discuss compliance with policy standards. Policy review meet completed in July.	James Meade	4	4	16	2 Amber	Risk policy includes standards regards frequency of updates and yearly review schedule is in place to ensure maximum compliance.	4	4	16	2 Amber	13/04/2015
GCCHP	Clinical/Public Safety	The Board fails in its duty of care to prevent predicatable harm	Mrs Fiona McNeill	4	4	16	2 Amber	Risk Policy includes standards regards frequency of updates and yearly review schedule is in place to ensure maximum compliance	4	4	16	2 Amber	10/05/2014
GCCHP	Women's and Learning Disability Services	LEARNING DISABILITY - Under or over provision of requird number of beds due to lack of co-ordinated approach. WOMEN'S SERVICES - lack of provision for low secure created challenges around patient flow and equality.	Mrs Fiona McNeill	4	4	16	2 Amber	National LD risk share scheme for medium secure operational since 1/4/11. Further review if women's services with national and regional colleagues with input from NSD.	4	4	16	2 Amber	10/05/2014
NWGCHP	Loss of Essential IT Services	Majority of sandyford services are paperlight and IT services are essential to maintaining service.	Martin Stevenson	4	4	16	2 Amber	Back up tapes, disaster recovery plan. Daily check that servers are operational. Lof faults with ATOS helpdesk. NASH breakdown protocol. Appropriately trained staff to deal with faults.	4	4	16	2 Amber	15/05/2016
GCCHP	CONFIDENTIALITY	BREACH OF CONFIDENTIAL INFORMATION. MISGUIDED DISCLOSURE. MISPLACING NOTES. OVERHEARD CONVERSATIONS.	Shona Hendry	3	5	15	2 Amber	SECURE MEDICAL RECORDS STORAGE. PROCEDURE FOR RECEIVING AND DISPATCHING NOTES. RECOGNISED SYSTEM FOR DISPOSAL OF CONFIDENTIAL MATERIAL. USE OF SECRECY BUTTON ON PHONE. ACCESS/COMPLIANCE WITH INFORMATION SECURITY POILICY/GUIDANCE.	3	5	15	2 Amber	13/04/2015
NEGCHP	Service Change - Lanarkshire	Boundaries with NHS Lanarkshire - financial controls and service provision across boundary	Mark Feinmann	5	3	15	2 Amber	Meetings with NHS Lanarkshire Assessment of financial exposure and impact on services	5	3	15	2 Amber	03/06/2015
NEGCHP	Child Psychiatric Inpatient Unit	Financial risk to Inpatient unit, funded by a number of NHS Boards, with reduction in beds from 9 to 6	Mr Stephen McLeod	3	5	15	2 Amber	locum cover	3	5	15	2 Amber	03/06/2015
NEGCHP	Critical Failure of Care	Critical Failure of Care leading to harm to service user (including suicide, child protection, adult support and protection)	Mark Feinmann	3	5	15	2 Amber	Referral processes Staff Supervision Existing Policies, Procedures and Guidelines Inspection Regimes - child protection	3	5	15	2 Amber	03/06/2015
NEGCHP	IT Failure	IT Failure including failure to access data or record data or limitation on communications	Mark Feinmann	3	4	12	2 Amber	Contingency Plan Back up Server Mobile phones	3	4	12	2 Amber	03/06/2015
NEGCHP	Breach of Confidentiality	Breach of Confidentiality - deliberate or accidental - through IT Systems (including USB Sticks) or paper records	Mark Feinmann	3	4	12	2 Amber	Organisational Policies Encrption Safe Handling of Information LearnPro Module	3	4	12	2 Amber	03/06/2015
NEGCHP	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	Mr Paul Ryan	3	4	12	2 Amber	Guidelines and Protocols	3	4	12	2 Amber	03/06/2015
SGCHP	Capital Developments - Gorbals Health Centre	a) Insufficient revenue to cover ongoing costs of projects b) Affordability of capital development - stage 2	Anne Mitchell	3	4	12	2 Amber	a) Project governance structures in place to minimise risk b) Risk register within project identifies costs associated with risk at regular intervals c) Risks escalated through capital governance structure d) Ongoing discussions with Social Work	3	4	12	2 Amber	03/07/2015
NEGCHP	Parkhead Hospital - Risk of Fire	With relocation of wards from the site increased risk of fire	Mark Feinmann	3	4	12	2 Amber	Smoking policy increased staffing levels	3	4	12	2 Amber	03/06/2015

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NEGCHP	Storage of Community Records	There is a significant risk to the organisation due to the lack of Community Records Management on a Sector/Citywide level.⬚ This leaves the organisation at risk of breaches of the Information Security Policy, Data Protection and may put the patient and staff member at risk should records fall into the public domain.⬚ There is insufficient resource available locally both to manage the Records Process given the volume and numbers of records within the Sector which require management, and to administer the processes which need to be followed. This lack of resource is to be factored into the Admin Review (Phase 2).⬚ Admin staff who are locally dealing with records are at risk of error due to competency issues and the lack of training available to adequately manage records. There is a lack of knowledge of the Records Management Policies, Data Protection Policy, Access to Health Records Act 1990, IT Security Policy across Primary Care and Community Services.⬚ A number of tracking systems are in place to record movement of records across the Sectors, these can vary from paper records to excel sheets hosted on the shared drive. Due to the lack of supported IT Systems, these are no linked in the same way Mental Health Records tracking systems are, therefore this means it is extremely difficulty and time consuming to track a record to individual locations.⬚	Gary Dover	3	4	12	2 Amber	1.Admin Managers locally have had no option but to implement some systems and processes based on the Records Management Policy and Guidance.⬚ 2.Storage facilities for records vary from site to site and Sector to Sector. Recommended these are locked rooms, with keypad or manual key locks and controlled access.⬚ 3.Retention of records – failure to follow or be aware of the most up to date Retention guidance.⬚ 4.Failure to keep records of destruction 5.Transportation and Transfer of records – process varies locally. Caretakers/Transport may be involved in pickups of boxed records, advised to make one trip securing records in boot of car.⬚ 6.Notes of records transferred – staff at each based asked to index contents of each box, with one copy being kept at base and records admin staff checking contents on receipt of box to ensure no loss of records.⬚ 7.External mailing – sent by Royal Mail Recorded delivery with a receipt slip to be filled in by recipient and sent back to admin to record on system. Documented on transfer out database.⬚ 8.External Archiving – box level records kept with details of records per box when sent to Storage Company.⬚ 9.External Archiving – records of barcoded boxes and contents sent by Storage Company to Administration Managers and Admin Staff on an ongoing basis.⬚	3	4	12	2 Amber	03/06/2015
NWGCHP`	Loss of Facility	Immediate and sudden loss of a facility compromising delivery of one or more services	Elizabeth Taylor	3	4	12	2 Amber	Contingency arrangements⬚ Business Continuity Plan.	3	4	12	2 Amber	03/06/2015
NWGCHP	Breach of Confidentiality	Breach of Confidentiality - deliberate or accidental - through IT Systems (including USB Sticks) or paper records	Mrs Susanna McCorry-Rice	3	4	12	2 Amber	Organisational Policies⬚ Encrption⬚ Safe Handling of Information LearnPro Module	3	4	12	2 Amber	03/06/2015
NWGCHP	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	John Nugent	3	4	12	2 Amber	Guidelines, Protocols⬚ Review of incidents recorded on datix	3	4	12	2 Amber	03/06/2015
NEGCHP	Immediate and Sudden Loss of a Facility	Immediate and sudden loss of a facility compromising delivery of one or more services	Gary Dover	3	4	12	2 Amber	Contingency planning⬚ Business Continuity Planning updated⬚ Training event on Terrorism held at Emirates	3	4	12	2 Amber	03/06/2015
NEGCHP	Prescribing Costs	Prescribing Costs exceeding the allocated budget threatening CHP Services	Mr Paul Ryan	3	4	12	2 Amber	Budget performance monitoring⬚ Prescribing monitoring⬚ Risk sharing across CHP/CHCPs⬚ Prescribing Plan to identify and generate savings if required	3	4	12	2 Amber	03/06/2015
NWGCHP	Failure to meet Access / Discharge Targets	Failure to meet Access / Discharge Targets	Mrs Susanna McCorry-Rice	3	4	12	2 Amber	Working Group Established⬚ Links with Social Work⬚ Funding⬚ Continue to monitor/audit delayed discharges with acute	3	4	12	2 Amber	03/06/2015
NWGCHP	Capital Development	Capital Development (Possilpark, Maryhill and Woodside) - delays with project beyond agreed timescales and insufficient revenue cost to meet ongoing cost of projects	Mrs Susanna McCorry-Rice	3	4	12	2 Amber	project plan	3	4	12	2 Amber	03/06/2015
NWGCHP	External Providers	External care providers not recognising health needs / not seeking appropriate advice . ⬚ Impact of personalisation on staffing levels	Paul Adams	3	4	12	2 Amber	Provider training, profession 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 concern forms	3	4	12	2 Amber	03/06/2015
NEGCHP	Service Change - HUBS	Hubs may be unable to provide services from suitable accomodation	Gary Dover	3	4	12	2 Amber	assessment of current accomodation	3	4	12	2 Amber	03/06/2015
GCCHP'	Financial	Change Fund and Integrate Care Fund - The Change Fund in Glasgow (£7.9M) will end on 31st March 2015. The Integrated Care Fund will not be a direct replacement and there is the prospect that some funded projects will be unable to continue. There is likely to be pressure to maintain funding for some projects and provide interim financial support to others.	Mr John Dearden	3	4	12	2 Amber	Monitoring arrangements in place for bulk of current projects. Evaluation of all projects in process.	3	4	12	2 Amber	17/05/2015
GCCHP'	Partnership Working	Failure to deliver on Scottish Government aspirations for integrated health & social care.	Mr John Dearden	3	4	12	2 Amber	Glasgow City Council, NHSGG&C and CHP working in collaboration to develop new structures and working arrangements. Shadow Board and officer groups overseeing transition.	3	4	12	2 Amber	17/05/2015

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GCCHP	Records	Data Security - □ Delays or errors in clinical information being transferred leading to medication errors or failings in care and treatment of an individual. Potential for complaints and 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.	Mr John Dearden	4	3	12	2 Amber	Guidelines and protocols in place. Audits of practice by clinical teams.□ Awareness of Data Protection Principles raised.□ Review in progress of current arrangements.	4	3	12	2 Amber	17/05/2015
GCCHP	Financial	Capital Developments - □ (a) Insufficient revenue to cover ongoing costs of projects□ (b) Affordability of capital development - Stage 1□ (c) Suitability of accommodation to meet future needs	Mr John Dearden	4	3	12	2 Amber	(a) Project governance structures in place to minimise risk□ (b) Risk register within project areas identifies costs associated with risk at regular intervals□ (c) Risks escalated through capital governance structure□ (d) Ongoing discussions with social work	4	3	12	2 Amber	17/05/2015
GCCHP	Business Continuity/Major Incident	Business Continuity - Service interruption due to unavoidable incidents, damage to facilities, loss of power of IT services, staffing shortages caused by industrial action, adverse weather or major widespread illness impacting on the ability to deliver services.	Mr John Dearden	3	4	12	2 Amber	Business Continuity plans in place across services, with co-ordination via the Partnerships Business Continuity Group and Board-wide Civil Contingencies Group.	3	4	12	2 Amber	17/05/2015
GCCHP	Prescribing costs exceeding allocated budget	Prescribing costs exceeding the allocated budget threatening CHP Services.□ Prison population numbers rising placing increased demands on pharmacy budget.	Mrs Fiona McNeill	3	4	12	2 Amber	Budget monitoring/prescribing plan to identify and generate savings if required. NHS Greater Glasgow and Clyde 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	4	12	2 Amber	01/12/2015
GCCHP	Medical input to service	Failure to agree medical input to the NHS police custody healthcare service would lead to the Board failing to provide the full agreed service to Police Scotland.	Mrs Fiona McNeill	3	3	9	3 Yellow	Tendering process underway in order to have medical service in place for end of current contract period.	3	4	12	2 Amber	01/07/2015
GCCHP	Funding of service	Increased cost of implementing new nurse led service whilst still funding medical input leaves the board in a position where there is a financial gap in central funding vs cost of service which means local board has to invest top up towards this model in initial phase of service. This potentially could lead to the board being unable to meet full service requirement in the future.□	Mrs Fiona McNeill	3	3	9	3 Yellow	Board will ensure robust mechanisms are in place to capture relevant data on service capability going forward. Will aim to develop confidence and ability of nurse led service to impact on future costs.□	3	4	12	2 Amber	01/07/2015
GCCHP	PERSONAL SAFETY IN THE WORKPLACE	THE FORENSIC COMMUNITY MENTAL HEALTH TEAM, BASED AT BLYTHSWOOD HOUSE, PROVIDES A SERVICE FOR MENTALLY DISORDERED OFFENDERS ON AN OUTPATIENT BASIS. POTENTIAL RISK OF VERBAL/PHYSICAL ASSAULT/ABUSE, ACCUSATIONS AND STALKING. THIS IS MAINLY A LONE WORKING ENVIRONMENT.	Shona Hendry	3	4	12	2 Amber	USE OF THE GUARDIAN 24 LONE WORKING SYSTEM. CONTINGENCY PLANS FOR SPECIFIC PATIENTS. STAFF STATUTORY BREAKAWAY TRAINING. REFERENCE TO H&S POLICY ON PERSONAL SAFETY IN THE WORKPLACE.	3	4	12	2 Amber	13/04/2015
GCCHP	Risk of Physical assault	Risk of Physical assault - Risk of being assaulted during an incident of violent or challenging behaviour.No personal alarm system in place in 2 Waterloo at present, waiting to be fitted.	Gemma Cowie	3	4	12	2 Amber	Personal alarms at present in 4 Waterloo Close. All staff are trained in violence and reduction management. All patients have a detailed risk assessment and management plans.	3	4	12	2 Amber	28/04/2015
SGCHP	Prescribing Budget Spend	Prescribing costs exceed allocated prescribing budget. Resultant effect equates to a potential financial threat to local South Sector managed services.	Laura Byrne	3	4	12	2 Amber	Prescribing patterns and budget expenditure are monitored at a local level by the Lead Clinical Pharmacist and evaluated at all levels of the South Sector e.g. South Prescribing Group. Extendedd SMT. GP Committee etc. Local prescribing plans are devised to address any prescribing issues identified.	3	4	12	2 Amber	03/07/2015
SGCHP	Lack of staff compliance with KSF review process	a) The organisation has no record of demonstrable competence of staff to undertake role and function □ b) Staff learning and development requirement are not prioritised in relation to job role and function	Tom Quinn	4	3	12	2 Amber	a) Annual review process identified and promoted□ b) Regular monthly overview to HOS about current picture	4	3	12	2 Amber	03/07/2015
NWGCHP	REDUCED STAFFING LEVELS	Reduced clinical services; reduced quality of service; increased possibility of adverse events; cost of overtime payments; user complaint.	Pauline McGough	4	3	12	2 Amber	(1) Staff rotas and full time administrators;□ (2) Policies and procedures for reporting absence;□ (3) Flexible movement of staff and/or patients to alternative services;□ (4) Triage system in place to determine if priority conditions.	4	3	12	2 Amber	15/05/2016

Division	Title	Description	Owner	Likelihood (initial)	Consequence (initial)	Ranking (initial)	Risk level (initial)	Controls in place	Likelihood (current)	Consequence (current)	Ranking (current)	Risk level (current)	Review date
GCCHP	Business Continuity/Major Incident	Service interruption due to full or partial Clinic unavailability as a result of fire, gas leak or power failure. Uncoordinted evacuation of inpatients with no place of safety.☐ Patient care is compromised and unsafe as result of failure to provide adequate clinical and non clinical resources over peak holiday periods and during winter.☐ The Directorate does not fully meet the requirements of the Civil contingencies Act (Scotland) 2005	Mrs Fiona McNeill	4	3	12	2 Amber	Business Continuity Plan is available which advises on service back up. Contingency plans developed including outright evacuation plan and patient destination. ☐ A yearly plan is developed with FM which considers the issues seasonally related to winter. Provision of service and discipline specific cover to ensure continuous service provision.☐ Local policies and procedures in place; good continuing liason with police; inclusion in Board's Major Incident Planning process which includes multi agency partners and regular review.	4	3	12	2 Amber	11/06/2015
GCCHP	Information Governance/MAPPA - SECURITY	The Safe Management, storage, and integrity of all aspects of patient and health board identifiable date carries enormous risk potential and must be focal at all times.	Mrs Fiona McNeill	4	3	12	2 Amber	The administrator is the single point of contact for all information security issues.☐ All relevant Policy documents are disseminated to heads of departments.☐ All staff are aware of the reporting mechanisms for breaches. Information security resource folder available of S:Drive inside New Forensic Clinical Governance.	4	3	12	2 Amber	11/06/2015
GCCHP	Information Governance/MAPPA - INFORMATION SHARING	Sensitive or confidential information is inappropriately shared resulting in adverse media impact and loss of public confidence.	Mrs Fiona McNeill	4	3	12	2 Amber	Information Sharing Protocols have been developed with relevant agencies and the directorate regularly remind staff of their responsibilities.	4	3	12	2 Amber	11/06/2015
GCCHP	Human Resources	Medium absence rates will affect services being delivered safely and effectively.	Mrs Fiona McNeill	4	3	12	2 Amber	A more focused approach to attendance management is underway, particularly with in-patients services and concentrating on the challenges of short/long term absence.	4	3	12	2 Amber	11/06/2015
GCCHP	Ligature risk from immovable fittings	Ligature point risk from Marwick swan high neck mixer taps situated within end bedrooms and disabled bathrooms in ward areas.	James Meade	3	4	12	2 Amber	Implementation of the DFMH clinical observation policy, replacement of the swan neck spout to one of a lesser height. The selection of appropriate individuals to reside in these bedrooms which at all times are subject to clinical team approval. ☐	3	4	12	2 Amber	11/06/2015