
To: **Social Work, Health and Wellbeing Policy Board**

On: **19 May 2015**

Report by: **Chief Officer Designate, Renfrewshire Health and Social Care Partnership**

Heading: **Social Work Adult Services Risk Management Plan – 2015/16**

1. Summary

- 1.1. In keeping with 'Risk Matters', the council's combined risk management policy and strategy, the service risk management plan is refreshed on an annual basis.
 - 1.2. As responsibility for adult social work services has not yet transferred to the Integrated Joint Board, this report presents a risk management plan for this area of service to the Board for approval. A separate risk management plan for Children's Services (incorporating services formerly provided by Education & Leisure Services and elements of Social Work) has been prepared for the Education and Children Policy Board.
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2. Recommendations

- 2.1. It is recommended that the Board approves the social work adult services risk management plan for 2015/16.
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3. Background

- 3.1. The business and social environment that the service operates within and provides services under continues to be a challenging and dynamic one and the proposed service risk management plan going forward from April 2015 must continually evolve in order to keep pace with, and accurately reflect, the national policy and legislation and the service's key priorities and key challenges.

- 3.2. The Council actively promotes good and sensible risk management practice. In doing so the Council aims to deliver high quality services for all service users, achieve high standards of performance, make the most of opportunity, and provide a safe environment for those it employs, contracts or partners with in providing a wide range of services.
- 3.3. Good risk management is about seeking to prevent harm or loss, seeking to ensure the right things happen and that 'risk-aware' not 'risk-averse' decisions are made in all aspects of council business.
- 3.4. The process to identify key service risks seeks to focus on the significant challenges and uncertainties that may impact on the service's ability to deliver its key priorities and the risks are aligned to the themes of the council's business plan. The resulting service risk management plan is used to record, monitor and review the management of these risks.
- 3.5. A number of methods are used and information sources reviewed to ensure a broad and thorough approach to identifying the service's risks and these methods include but are not limited to:
- Consultation and benchmarking within and outwith the service
 - Review of key reports (internal and external) specific to the service responsibilities
 - Review of new/emerging legislation and extension of provisions
- 3.6. In presenting the service risk management plan to the Board, the interim Senior Leadership Group would wish to draw the Board's attention to a number of specific matters:

The service risk management plan continues to bring to sharp focus the significant risk facing the service and this should be balanced with recognition of the benefits that also continue to be delivered.

This report only reflects the risks which pertain to adult social care services currently provided by Renfrewshire Council. Once established, the Integration Joint Board will be responsible for risk management in relation to adult health and social care.

The risks have been evaluated using the council's risk matrix (final appendix) and involves multiplying the likelihood of occurrence of a risk by its potential impact. This produces an evaluation of risk as either 'low', 'moderate', 'high' or 'very high.' High/ very high risks are viewed as significant. The profile of the service's risk going forward from April 2015 is shown in the table below:

Evaluation:	Low	Moderate	High	Very High	Total
No. of Risks:	0	8	4	1	13

In appraising the service risk management plan, senior managers have identified those risks that they perceive to be the 'top five' for the service and these relate to:

Financial and demographic pressures: If these pressures on the service are not effectively planned for and managed over the medium- to long-term, it would impact on the ability of the service to deliver services to the most

vulnerable people in Renfrewshire. This is deemed a very high risk. **(Very high risk)**

Public protection: As the strategic and operational lead for adult social care services, the Chief Officer Designate is responsible for ensuring services fulfil their role in relation to adult protection, and maintains effective partnerships in relation to child protection and protecting the public from offending behaviour. These multi-agency arrangements are critical to ensuring risk is appropriately managed. **(High risk)**

Integration of Health and Social Care: Failure to be fully prepared for full implementation from April 2016 could result in significant challenges to the delivery of effective integrated services and to financial governance, and result in serious reputational risk to both agencies. These preparations include establishing clear and robust interfaces with Children's Services to ensure strong links between children's health and social care, and between social work services for adults and children. **(High risk)**

Self-directed support: Failure to fully embed and deliver according to the legislation could lead to service users not having effective choice and control over the support they require. **(High risk)**

Workforce Planning & Organisational Development: A flexible, skilled workforce is essential to the delivery of high quality social care services. If planning and development activity is not prioritised, it could lead to short- and long-term workforce difficulties. **(High risk)**

- 3.7. In preparing this paper for the Board, senior managers consider that the proposed corporate risk register suitably reflects the service's risk management focus for the forthcoming year.
- 3.8. In relation to individual risks recorded, senior managers believe that appropriate control measures are in place to prevent and/ or mitigate adverse effects and that further planned action is appropriate to the level of risk. Where no new actions are defined for any particular risk, this is indicative of a level of confidence in the current control measures in place and a consequent decision to tolerate the risk at this time. Robust monitoring arrangements are in place to track the progress of planned actions.

Implications of this report

1. Financial Implications

Recurring costs associated with the measures in place for each risk are considered proportionate to the level of risk, and new planned actions are also considered to be cost effective.

The financial requirements to support the service risk management plan should be met within the service budget allocations. Any unplanned and unbudgeted cost pressures that arise in relation to any of the risks identified will be subject to review in consultation with the Chief Executive and the Director of Finance and Resources.

2. HR and Organisational Development Implications

Any risks relating to HR and Organisational Development issues are reflected within Appendix 1.

3. Community Plan/Council Plan Implications

Children and Young People -

Community Care, Health and Well-being -

Empowering our Communities -

Greener -

Jobs and the Economy -

Safer and Stronger -

Any risks relating to the Community Planning themes are reflected within Appendix 1.

4. Legal Implications

Any risks that may have legal implications are reflected within Appendix 1.

5. Property/Assets Implications

Any property-related risks are reflected within Appendix 1.

6. Information Technology Implications

Any risks relating to ICT are reflected within Appendix 1.

7. Equality and Human Rights Implications

- (a) The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. Health and Safety Implications

Any risks relating to health, safety and wellbeing are reflected within Appendix 1.

9. Procurement Implications

Any risks relating to procurement are reflected within Appendix 1.

10. Risk Implications

For member assurance, all areas of the service have been consulted to ensure that the relevant risks have been identified.

The risk scores are believed to be as realistic as possible taking account of the type of risks recorded and the effectiveness of the measures in place to manage them.

The risk profile shows there are significant risks being managed by the service. However, for assurance, senior managers believe that this risk can be managed and contained (in relation to the council's risk capacity and tolerance).

Although the risks require close monitoring and scrutiny throughout the year, many are longer term risks that are likely to be a feature of the risk management plan over a number of years.

11. Privacy Impact

Any risks relating to procurement are reflected within Appendix 1.

List of Background Papers

(a) Background Paper 1: Service Risk Management Plan 2015/16

The foregoing background papers will be retained within Renfrewshire Council for inspection by the public for the prescribed period of four years from the date of the meeting. The contact officer for Adult Social Work services is Lisa Fingland, Principal Officer Planning & Performance, Tel 0141 618 6812 or email Lisa.Fingland@renfrewshire.gcsx.gov.uk

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Appendix 1



**Renfrewshire
Council**

Social Work Adult Services

Risk Management Plan

April 2015

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1. Risk management arrangements within Social Work

- 1.1 Social work services have a statutory duty to provide care and protection to the most vulnerable people across Renfrewshire. This includes a public protection role relating to child and adult protection and offending behaviour and works with partners to ensure risk to and by individuals is effectively managed.
- 1.2 Since 1 April 2015, the Chief Officer Designate for the Renfrewshire Health and Social Care Partnership has held strategic and operational responsibility for the delivery of adult social care services in Renfrewshire. However, the Integration Joint Board has no formal role in relation to these services until it has approved a strategic commissioning plan and can legally have responsibility delegated to it. As such, risks in relation to adult social care services will continue to be reported to this Board until the Integration Joint Board has formally been delegated responsibility for services. The Director of Children's Services, in his role as Chief Social Work Officer, will continue as the professional practice lead for all social work services.
- 1.3 During 2014/15, the Social Work Service implemented a range of standard procedures in keeping with the council's risk management strategy, 'Risk Matters'. This includes using the agreed risk management process and the standardised risk matrix for analysis and evaluation of risk within the service.
- 1.4 Previously, the Social Work Service developed and published a Risk Management Plan on an annual basis, and provided six-monthly updates on the plan to the Social Work, Health and Wellbeing Policy Board. The Risk Management Plan for Children's Services (which includes Criminal Justice Social Work) will now be reported to the Education and Children Policy Board.
- 1.5 Each service risk identified within the plan is allocated to a responsible officer. Information updates are provided through the Covalent performance management system, to inform quarterly reports made by the Council's Risk Manager to the Corporate Risk Management Group. Internal arrangements to manage risk on a joint basis will be developed during this transition year.

2. Report on service's contribution to relevant strategic risk management objectives

- 2.1 Risk assessment and management is central to the range of tasks encompassed by Adult Social Care, whether the service is supporting people to live as independently as possible in their own homes or communities, or working with key partners such as the Police and Health to discharge its public protection role.
- 2.2 Social care services contribute to the Council's strategic risk management objectives by:
- Implementing robust procedures in relation to adult and child protection activities in partnership with other organisations such as the Police, Education and Health.
 - Promoting awareness of risk management, training on which is an integral part of the service's continuous professional development programme.
 - Working with partners to identify and manage risks to and from individuals and communities.
 - Embedding risk management into the service improvement planning process.
 - Having clear lines of responsibility for the management of risk.

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- Monitoring the effectiveness of risk management through reports to senior managers
- Reporting on risk management arrangements to elected members on a six monthly basis.
- Participating actively in the Corporate Risk Management Group, and in all development work flowing from that group.

3. Report on previous year's Risk Management Plan

- 3.1. Social Work's Risk Management Plan 2014/15, which was approved by the Social Work, Health and Wellbeing Policy Board on 6 May 2014, identified 14 service risks at that time. The risk profile of the service in relation to the 14 identified risks, was as follows:

Evaluation:	Low	Moderate	High	Very High	Total
No. of Risks:	0	9	4	1	14

- 3.2. A number of required actions were identified and carried out as planned throughout the year. These actions were believed to be proportionate and cost effective in relation to the level of each risk. The Board received a midyear report on the progress being made in relation to this activity.

4. Current business context for Social Work Service

- 4.1. The development of this risk register was undertaken in tandem with the development of the service improvement plan update in order to ensure that appropriate risk management considerations were embedded into the service's key planning and financial prioritisation processes.
- 4.2. In preparing the service improvement plan update, the views of employees, service users, carers, key stakeholders and partners, which were gained on an ongoing basis during 2014/15, were taken into account. Key consultation methods include:
- Engagement with staff through the roll-out of the Public Service Improvement Framework across the service, which has generated a number of improvement actions to be progressed by the service.
 - Consultation on future developments with health partners through the Joint Planning and Performance Implementation Groups (JPPIGs).
 - Engagement with the Extended Senior Management Team in the former Social Work Service and through that services' Strategic Risk and Review Group, chaired by the Director of Social Work.
- 4.3. The Adult Social Care Service Improvement Plan Update and Risk Management Plan for 2015/16 reflect a dynamic and transitional environment in which the service is currently operating. Strategic and operational responsibility for adult social care now rests with the Chief Officer Designate of the new integrated partnership; however, the Integration Joint Board currently operates in shadow form and will not assume responsibility for services until its strategic plan is approved. As such, this Board will continue to have oversight of risk in relation to adult social care services.
- 4.4. In addition to planned integration and enhanced partnership working, the policy landscape, changing demographics and increasing demands on resources suggest a dynamic operational

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environment for social care services going forward. A number of key priority areas have been identified by senior managers:

Priority	Description
Maintaining appropriate levels of service provision	One of the key challenges for the Social Work Service over recent years has been the development of strategies and approaches which allow the service to continue to provide high quality outcome-focused services to individuals in the community who require them within the resources which the Council has available. Preventative and rehabilitative approaches will continue to be mainstreamed as business as usual across the whole service serving both to protect or improve outcomes for local people and to achieve financial sustainability.
Developing integrated service arrangements with health services	<p>The integration of health and social care services will have a significant impact on the development and delivery of services across Renfrewshire. Shadow arrangements are now in place, with full responsibility to be delegated to the Integration Joint Board no later than 1 April 2016.</p> <p>Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce development and performance management.</p> <p>The Renfrewshire Development Programme, linked to the NHS Greater Glasgow & Clyde Clinical Services Review, continues to take forward service developments targeted at reducing hospital admissions through enhanced working between community health, social care, GP and hospital services.</p>
Developing person-centred approaches to service delivery, including self-directed support	<p>The Social Care (Self-Directed Support)(Scotland) Act 2013 ensures that service users and carers can benefit from a personalised approach to social care services by providing a range of options including Direct Payments and individualised budgets to choose the best way in which their assessed needs can be met. The legislation came into force on 1 April 2014.</p> <p>The greater choice and control offered to service users may have an impact on the demand for internal services and will require the Council to work proactively with the local providers and to provide information to service users about community based supports which may meet some of their lower level care needs.</p>
Promoting independent living and supporting reablement of service users	<p>The Reablement Service has been rolled out over recent years, and since 2014 has been available to adults aged under 65. It works with partners to support people to live at home or in a homely setting for as long as possible, including investment in reablement, preventative and early intervention services.</p> <p>Work in relation to employability services will remain a key focus for the service partners, with specific initiatives being progressed</p>

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	to develop opportunities for adults with learning disabilities and for adults with addictions issue through a recovery cafe.
Reshaping Care for Older People	<p>This remains a key strategic priority and is a critical element of partnership working. The 10 year Plan for Older People was published in May 2014.</p> <p>Significant changes are required across the partnership to shift the balance of care from bed based to community based services. The ageing population, increasing prevalence of dementia and other complex health conditions will require services to refocus both care home and care at home services to meet the needs of the local population. Participation in the European funded telehealthcare development programme with several other local authorities and health boards will ensure that local services continue to be developed as national best practice.</p>
Effectively discharging our public protection role	<p>Public protection remains a core duty of social care services provided by the Directorate of Children's Services and by the Health and Social Care Partnership.</p> <p>The Adult Protection Committee will continue to promote and develop practice across partner agencies and work on implementing a self-evaluation framework.</p>
Supporting vulnerable people affected by the current programme of welfare reform	The UK Government introduced wide-ranging reforms to the benefits system from April 2013 which have had a major impact on the Council and on the people who use our services. Social Work has been working closely with other services across the Council and with health to ensure that local people have access to information and practical support. The new partnership will continue this support.
Strategic commissioning	<p>It is a legal requirement that health and social care partnerships agree a strategic commissioning plan for adult health and social care services before responsibility can be delegated to the Integration Joint Board. These plans should be informed by robust needs assessments across partnerships, which inform appropriate decision making regarding the future shape of services for local people.</p> <p>Strategic commissioning plans for individual care groups will also be developed in partnership as part of the planning and delivery of integrated services, and this will build on the best practice established from the production of a strategic commissioning plan for older people's services.</p>
Wider partnership working	The service recognises that no single agency can meet the needs of local people in isolation. A range of partnership opportunities will continue to be progressed , particularly in relation to developments supported by the Integrated Care Fund.

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	A key strand in 2015/16 will be to work with the third and community sector to continue to build community capacity to shape and deliver services with support from other organisations where appropriate.
Tackling inequality in Renfrewshire	The Equality Act (2010) was passed in October 2010 and came into force in April 2011. Regulations on specific duties came into effect in May 2012 and they set out a framework to assist public authorities to meet the general duty. Statutory services in Renfrewshire serve an increasingly diverse range of people, all of whom have different needs and requirements and deserve to be treated in an equal and fair way.

- 4.5 On the basis of the above review of the business context for adult social care services, the following key risks have been identified for 2015/16.

5. The service risk profile and top risks going forward from April 2015

- 5.3 The detailed service risk management plan from April 2014 is provided in the attached appendix. The risks are aligned to the themes of the council's business plan, "Better Future, Better Council, a High Performing Council."
- 5.4 By way of summarising the information contained within the appendix, the remainder of this section provides:
- Table 5.2.1: the service risk profile in terms of low, moderate, high and very high risks
 - Table 5.2.2: all service risk areas ranked in descending order of significance;
 - Table 5.2.3: the top 5 risks with a brief narrative overview.
 - Table 5.2.4: an overview of how risks relate to the themes of the council's business plan.

Table 5.2.1: Service Risk Profile

Evaluation:	Low	Moderate	High	Very High	Total
No. of Risks:	0	8	4	1	14

Table 5.2.2: Risk Areas in Order of Significance

Risk areas	Likelihood	Impact	Score	Evaluation
Financial and demographic pressures	04	05	20	Very High Unacceptable and significant
Public protection	03	05	15	High Tolerable and significant
Integration of Health and Social Care	03	04	15	High Tolerable and significant
Self directed support	03	04	12	High Tolerable and significant

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Risk areas	Likelihood	Impact	Score	Evaluation
Workforce planning and organisational development	03	04	12	High Tolerable and significant
Failure of major providers	03	03	9	Moderate Tolerable
Health Inequalities	03	03	9	Moderate Tolerable
Equality Act	03	03	9	Moderate Tolerable
Data Protection	03	03	9	Moderate Tolerable
Developing self-evaluation arrangements	03	03	9	Moderate Tolerable
Health and Safety	02	04	8	Moderate Tolerable
Incident response management	02	03	6	Moderate Tolerable
Business continuity	02	03	6	Moderate Tolerable
Investment in services to support independent living	01	04	4	Moderate Tolerable

Table 5.2.3: TOP Risks

Title	Score	Risk	Overview
Financial and demographic pressures	20	If the service's financial and demographic pressures were not effectively planned for and managed over the medium to longer term, this would impact on the ability of the service to deliver services to the most vulnerable people in Renfrewshire.	Effective management of the adult social care budget is critical. Whilst this area of service has made a substantial contribution in terms of the council's efficiency programmes principally around service redesign and effective procurement, the council has also committed significant levels of additional funding to the social work service in recognition of the real demographic pressures it faces across all client groups: <ul style="list-style-type: none"> in adult services where people with disabilities are living longer and more independent lives in the community with significant support from the social work service and often from ageing carers, in relation to the increasing numbers of older people requiring a range of supports to continue to live independently in their own homes, and, where this is no longer possible, requiring residential or nursing care.
Public protection	15	Services providing social care have a public protection role relating to child and adult protection and offending behaviour. Effective partnership working with key agencies and the police is critical to ensuring risk to and from individuals is effectively managed.	Public protection remains a critical duty of the Social Work service. Work in relation to adult protection is also subject to continuous development with partners through the multi-agency Adult Protection Committee. An Adult Protection Officer leads on social work practice in this area, and a Lead Officer works with the committee.
Integration of Health and Social Care	15	The integration of health and social care services will have a significant impact on the development and delivery of services across Renfrewshire. Shadow arrangements are now in place, with full responsibility to be delegated to the Integration Joint Board no later than 1 April 2016.	Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce development and performance management. A significant number of joint teams and joint working arrangements between health and social care have operated for a number of years and partner agencies will build on existing experience in this area to develop a full range of integrated adult health and

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Title	Score	Risk	Overview
			social care services.
Self directed support	12	Failure to fully embed and deliver according to the legislation could lead to service users not having effective choice and control over the support they require.	The Social Care (Self-Directed Support)(Scotland) Act 2013 aims to ensure that service users and carers can benefit from a personalised approach to social care services by using a range of options including Direct Payments and individualised budgets to choose the delivery of their care services. The legislation came into force on 1 April 2014/15 and is now being embedded into day to day operational practice.
Workforce planning and organisational development	12	A flexible and skilled social care workforce is essential to the future development of high quality services, and may lead to short and longer term workforce difficulties should this not be prioritised.	Given the challenges facing the service and the Council more widely, it is more important than ever that our staff have the abilities, skills and flexibility to take forward planned service improvements, and that they are supported to do this. Central to this is ensuring that staff receive the information and training they need.

Table 5.2.4: Relationship with council business plan

1: A Better Future

Investment in services to support independent living	Encompassing (1) Service developments (2) Implementation of new structures and approaches across services
Public protection	Encompassing (1) Adult and child protection (2) Effective risk management (3) Management of high-risk offenders (4) Multi-agency training and procedures
Self directed support	Encompassing (1) Social Care (Self-Directed Support) (Scotland) Act 2013 (2) Personalised approach to social care services (3) Individual budgets
Health Inequalities	Encompassing (1) Health Improvement (2) Partnership

2: A Better Council

Failure of major providers	Encompassing (1) Monitoring of external commissioning / procurement activity
Workforce planning and organisational development	Encompassing (1) Workforce planning: structural change and having a flexible, motivated and skilled workforce (2) Organisational development: management development, individual personal / employee development and performance management (3) Leadership and culture
Equality Act	Encompassing (1) Meeting main duties flowing from Act (2) Promoting access to care and support across minority groups
Health and Safety	Encompassing (1) Employee safety and wellbeing in the community
Financial and demographic pressures	Encompassing (1) Medium and longer term financial planning (2) Corporate and service review activities

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	(3) Strategic commissioning approach (4) Development of cost care models
Data Protection	Encompassing (1) Subject Access Requests (2) Data sharing agreements (3) Information governance

3: A High Performing Council

Integration of Health and Social Care	Encompassing (1) Development of integrated services across adult health and social care (2) Establishing strong links between services which remain the responsibility of Renfrewshire Council and those transferred to the Integration Joint Board
Incident response management	Encompassing (1) Disruptive events that impact on the community, the environment, our employees or the reputation of the service.
Business continuity	Encompassing (1) Non-availability of premises, employees or systems impacting on services/functions
Developing self-evaluation arrangements	Encompassing (1) Public Service Information Framework (2) Consolidation of CSE accreditation (3) Supported self-evaluation with the Care Inspectorate (4) Case file auditing programme

- 5.5 The risk treatment activity planned for the risks will be detailed in the mid year progress report to Board. A risk management plan for integrated adult health and social care is in development and will be reported to the Integration Joint Board from 2016/17. Information on specific significant risks will be reported to the Corporate Risk Management Group and the Corporate Management Team as required on an exceptional basis.

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Risk Matrix for Adverse Impact

Introduction

Risk should be analysed consistently across the council in terms of the significance of its impact and the likelihood of occurrence. The Risk Matrix is therefore the tool that is to be used for this purpose. The impact element of the same matrix may be used for the grading of adverse events, complaints or claims.

Impact

When considering the consequences of a potential risk, all scenarios must be considered. It may even be appropriate to consider the worst case scenario, however, those undertaking the risk analysis must be able to provide a robust rationale and have evidence to support their selection. For example, if 'death' could be the ultimate potential impact in relation to a specific problem, the risk assessors must have knowledge that this outcome has occurred in the past either internal or external to Renfrewshire Council. (A full list of descriptions to assist in analysing consequence is contained on the following two pages of this appendix);

Likelihood

Similarly when considering the likelihood of occurrence, the risk assessor's judgement must be based on the prevalence of the event/ circumstance and outcome, backed up by experience and data such as relevant incidents/ events, complaints and/ or claims.

Evaluation

As shown in the matrix below, Impact x Likelihood produces an evaluation of the significance of risk, described as 'Low', 'Moderate', 'High' or 'Very High'.

How a risk is evaluated will determine how the risk is then treated:

Likelihood	Consequent Impact				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Remote	1	2	3	4	5

Low (1-3), Moderate (4-9), High (10-16), or Very High (17-25)

Consequence Impact

"Domains"	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and Projects	<ul style="list-style-type: none"> Barely noticeable reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Minor reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Reduction in scope or quality, project objectives or schedule. 	<ul style="list-style-type: none"> Significant reduction in ability to meet project objectives or schedule. 	<ul style="list-style-type: none"> Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to clients/staff.	<ul style="list-style-type: none"> Adverse event leading to minor injury not requiring first aid. 	<ul style="list-style-type: none"> Minor injury or illness, first-aid treatment needed. No staff absence required. 	<ul style="list-style-type: none"> Significant injury requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Major injuries or long term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Incident leading to death or major permanent incapacity.
Client experience / outcome	<ul style="list-style-type: none"> Reduced quality of client experience / outcome not directly related to service delivery. 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome directly related to service provision – readily resolvable 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome, short term effects – expect recovery < 1Wk 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome, long term effects - expect recovery > 1Wk 	<ul style="list-style-type: none"> Unsatisfactory client experience / outcome, continued ongoing long term effects.
Complaints / claims	<ul style="list-style-type: none"> Locally resolved complaint 	<ul style="list-style-type: none"> Justified complaint peripheral to direct service provision 	<ul style="list-style-type: none"> Below excess claim. Justified complaint involving inappropriate service. 	<ul style="list-style-type: none"> Claim above excess level. Multiple justified complaints. 	<ul style="list-style-type: none"> Multiple claims or single major claim.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to service. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of client care Minor error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Non delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to insufficient training/ implementation of training.

Service / business interruption	<ul style="list-style-type: none"> Interruption in a service which does not impact on the delivery of client care or the ability to continue to provide service 	<ul style="list-style-type: none"> Short term disruption to service with minor impact on client care. 	<ul style="list-style-type: none"> Some disruption in service with unacceptable impact on client care. Temporary loss of ability to provide service. 	<ul style="list-style-type: none"> Sustained loss of service which has serious impact on delivery of client care resulting in major contingency plans being invoked. 	<ul style="list-style-type: none"> Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect.
"Domains"	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Financial	<ul style="list-style-type: none"> Negligible organisational financial loss (£< 1k). 	<ul style="list-style-type: none"> Minor organisational financial loss (£1-10k). 	<ul style="list-style-type: none"> Significant organisational financial loss (£10-100k). 	<ul style="list-style-type: none"> Major organisational financial loss (£100k-1m). 	<ul style="list-style-type: none"> Severe organisational financial loss (£>1m).
Inspection / assessment / audit	<ul style="list-style-type: none"> Small number of recommendations which focus on minor quality improvement issues. 	<ul style="list-style-type: none"> Minor recommendations made which can be addressed by low level of management action. 	<ul style="list-style-type: none"> Challenging recommendations but can be addressed with appropriate action plan. 	<ul style="list-style-type: none"> Enforcement Action. Low rating. Critical report. 	<ul style="list-style-type: none"> Prosecution. Zero Rating. Severely critical report.
Adverse publicity / reputation	<ul style="list-style-type: none"> No media coverage, little effect on staff morale. 	<ul style="list-style-type: none"> Local Media – short term. Minor effect on staff morale / public attitudes. 	<ul style="list-style-type: none"> Local Media – long term. Impact on staff morale and public perception of the organisation. 	<ul style="list-style-type: none"> National Media (< 3 days). Public confidence in the organisation undermined. Usage of services affected. 	<ul style="list-style-type: none"> National Media (> 3 days). MP / MSP Concern (Questions in Parliament).
Council / Personal Security, and Equipment	<ul style="list-style-type: none"> Damage, loss, theft (£< 1k). 	<ul style="list-style-type: none"> Damage, loss, theft (£1-10k). 	<ul style="list-style-type: none"> Damage, loss, theft (£10-100k). 	<ul style="list-style-type: none"> Damage, loss, theft (£100k-1m). 	<ul style="list-style-type: none"> Damage, loss, theft (£>1m).

Likelihood

	1 Remote	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Probability	<ul style="list-style-type: none"> Will only occur in exceptional circumstances 	<ul style="list-style-type: none"> Unlikely to occur but definite potential exists 	<ul style="list-style-type: none"> Reasonable chance of occurring – has happened before on occasions 	<ul style="list-style-type: none"> Likely to occur – strong possibility 	<ul style="list-style-type: none"> The event will occur in most circumstances