



To: Renfrewshire Integration Joint Board

On: 20 November 2015

Report by: Chief Officer

Heading: Risk Management Update

1. Summary

- 1.1. At its 18 September 2015 meeting the Integration Joint Board approved the Risk Management Policy and Strategy and received details of the initial list of key risk areas, extracted from the risk register, that focused specifically on:
- programme management
 - organisational development
 - readiness for full implementation of all operational arrangements
- 1.2. This paper provides an update on the progress being made with regards to the specific risks reported previously and information on new risks being added.
- 1.3. For noting only, a list of social work and health key risks is provided in Appendix 1 in order that the Integration Joint Board has awareness at this time of the more operational risks being managed by the Integration Joint Board's partner organisations.
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2. Recommendation

- 2.1. It is recommended that the Integration Joint Board notes the progress being made with regards to managing the key risks identified.
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3. Background

- 3.1. Eight risk areas and issues were previously reported to the Integration Joint Board in September 2015. The table overleaf shows how management of the risks has progressed since then.

Risk Area and Risk Issues	How this is being addressed	Progress since September Report to Board
PROGRAMME MANAGEMENT - Delivering on legal requirements and commitments ! A failure in delivering in any of the undernoted aspects could result in challenges in effective decision making, breaches in legislative compliance and significant reputational harm to the IJB		
1. Legal requirements and commitments as set out in the Integration Scheme	Programme of work is underway to ensure key legislative requirements set out in the Act and Integration Scheme, which must be in place by 1 April 2016.	 Work in progress
2. Financial governance and due diligence	The joint budget for the Health and Social Partnership will be agreed and all governance arrangements implemented: • IJB Audit arrangements will be agreed • IJB will sign off financial governance arrangements as per the national guidance <u>Due for completion by 18 March 2016:</u> • IJB report on due diligence on delegated baseline budgets moving into 2016/17 • Draft proposal for the 2016/17 Integrated Budget based on the Strategic Plan approved by IJB • Draft proposal for the Integrated Budget based on the Strategic Plan presented to the Council and the Health Board for consideration as part of their respective annual budget setting process • Parent organisations will confirm final IJB budget • Financial statement will be published with Strategic Plan • Resources for delegated functions will transfer to IJB • Audit Committee will be established	 Audit arrangements agreed  Financial governance arrangements signed off
3. Clinical and care governance	The IJB will approve its quality, care and professional governance framework for their duties under the Act. <u>Due for completion by 18 March 2016:</u> • The IJB will implement robust quality, care and professional arrangements.	 Framework approved

4.	Performance management	A list of targets and measures in relation to delegated and non delegated functions will be prepared. Partners will develop proposals on targets and measures for 2015/16 'interim' performance framework to be submitted to an early meeting of the IJB IJB will agree its reporting arrangements and supporting plan to develop 2016/17 performance framework with partners <u>Due for completion by 26 June 2016:</u> IJB agree 2016/17 performance framework, taking account of localities, reporting arrangements and plans to publish the annual performance report.	✔ List of targets and measures has been prepared ✔ Measures for 2015/16 interim performance framework agreed ✔ Reporting arrangements and supporting plan in place
5.	Decisions around the Strategic Plan to ensure it is fit for purpose and deliverable (localities, finance and performance)	Establish a Strategic Planning Working Group <u>Due for completion by 18 March 2016:</u> The IJB will develop the Strategic Plan in consultation with the Strategic Planning Group and other prescribed stakeholders.	✔ Strategic Planning Working Group established

Risk Area and Risk Issues		How this is being addressed	Progress since September Report to Board
READINESS - Partnership and IJB's readiness to deliver all delegated services by 1 April 2016 in line with its Strategic Plan ! Moving beyond the programme management phase, if the IJB and individual partners are not ready to deliver all delegated services under the direction of the IJB with effect from April 2016, this could result in challenges around operational decisions, maintaining effective links with relevant services in the partner organisations, service continuity issues and significant reputational harm to the IJB			
6.	IJB decision making and protecting the reputation of the Health and Social Care Partnership	Development of Organisational Development plans for the Senior Leadership Group, Integration Joint Board, Strategic Planning Group and workforce	▶ Work in progress
7.	Partnership and Partner	Programme of work is underway to ensure all the necessary processes, policies and plans are in place as required to allow local implementation of integrated health and social care	▶ Work in progress

	Organisation readiness to run with new, fit for purpose operational arrangements from 1 April 2016	services in terms of the Public Bodies (Joint Working)(Scotland) Act 2014 by 1 April 2016 Development of a participation and engagement strategy to enable users, patients, carers and partners to shape the new organisation.	▶ Work in progress
8.	Continuity in the transition of Council functions which currently sit outwith Adult Social Work Services e.g. Addictions, Domestic Abuse and Housing Adaptations	Develop the most appropriate and pragmatic approaches and supporting mechanisms/ structures for each of the following functions: Addictions Services Domestic Abuse Housing Adaptations Gardening Assistance	▶ Addiction Services arrangements completed ▶ Domestic Abuse service arrangements completed ▶ Housing adaptations – work in progress ▶ Gardening assistance – work in progress

- 3.2. Two other areas of risk have been identified (shown in the table below), with details being worked up for inclusion in the risk register, and these encompass (1) arrangements for continuity of service/ relationships with children's services and council support services, and (2) practical arrangements with regards to the operation of acute budgets. Both aspects will be reported in more detail to the next Integration Joint Board meeting, as risk control measures and mitigating actions are firmed up.

Risk Area	How this is being addressed	Action
Children's Services interface	The Chief Officer and the Director of Children's Services are putting in place joint management team meeting arrangements	▶ Work in progress
Acute interface	Plans in place to build effective planning for Winter 2015/16 and beyond Building ways of working and understanding around service budgets for which the IJB will be responsible.	▶ Work in progress

- 3.3. Moving forward, the Senior Leadership Group will participate in a risk management workshop to facilitate the identification of the key risks going forward from April 2016. In the meantime, and for the Integration Joint Board's information, appendix 2 provides details of some of the key operational risks that are presently being managed by each partner organisation in respect of the activities that fall within the remit of the Integration Joint Board.
- 3.4. It should be noted that at this point in time, all identified risks are being managed in line with expectations with no significant concerns with regards to the ongoing work to contain or reduce the risks as the Integration Joint Board prepares for full implementation of delegated functions.

Implications of the Report

- Financial**
There are no financial implications arising from the submission of this paper.
- HR & Organisational Development** - There are no HR & OD implications arising from the submission of this paper
- Community Planning** - There are no Community Planning implications arising from the submission of this paper
- Legal** - There provision of this report is in keeping with the Integration Scheme.
- Property/Assets** - There are no property/ asset implications arising from the submission of this paper.

6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
7. **Health & Safety** – There are no health and safety implications arising from the submission of this paper.
8. **Equality and Human Rights** - There are no equality and human rights implications arising from the submission of this paper.
9. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.
10. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
11. **Risk Implications** – As per the subject content of this paper.

List of Background Papers – None

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Appendix 1

Key Operational Partner Risks

It should be noted that the table that follows shows risks being managed currently by either health (first section) or local authority colleagues (second section). In some instances the same risks feature for both partner organisations. Moving forward these will become 'shared' risks. Work to develop the risk register structures will be undertaken with key officers at a risk management session in November 2015.

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Evalu'tn
HSCP: Health					
HSCP RR.15.03.01 Financial Planning	Expenditure does not match available funds within context of HSCP's financial plan. 1. Service Areas individually, or in combination, experience expenditure levels which exceed funding allocations and threaten achievement of HSCPs key financial objectives due to: (a) Pay growth - specifically AfC (b) Prescribing (c) S&A cover (d) Community equipment expenditure 2. The requirement for savings to be delivered in 15/16 and 16/17 could result in the removal of budget which could have an impact on front line services and likelihood of this is increasing.	* Financial management framework implemented. * Regular monitoring by Head of Finance and Chief Finance Officer. * Budget meetings across all service areas. * Finance issues to be discussed at Senior Leadership Group (SLG), IJB and Quality, Performance & Resource (QPR) meetings. * Main pressure area, remains requirement to increase staffing levels. * Daily reviews of patients on special observations, together with detailed monitoring on a weekly basis remains in place and regular meetings between management and clinical staff are held. * Regular financial performance meetings in place with HSCP Chief Officer, Chief Finance Officer and Board Director of Finance. * Regular SLG Financial Sessions in place; * Regular meetings of Medicines Management Group with a focus on prescribing year end out-turn. * Discussion at GP forum on importance of prescribing financial break even. * Financial situation to be discussed at GP forum and each practice visited thereafter to highlight and agree further prescribing cost reduction measures. * Continued vigilance particularly around effect of generic drug price fluctuations. * Risk assessments undertaken to ensure unacceptable clinical risks are avoided.	04	05	20 V.High
HSCP RR.15.03.02 Adult Protection	Inconsistent assessment and application of Adult Support and Protection procedures may result in poor identification of those at risk or those who have been harmed, and may also lead to a failure to comply with legislative requirements.	* Regular meetings of adult protection committees. * Multi-agency and single agency casefile audits undertaken. * Robust policies and procedures communicated throughout the HSCP. * An ongoing comprehensive training programme in place. * Focus on Getting our Priorities Right and Adult Support at GP Protected Learning Time (PLT) in June 2012. * Adult Protection interagency training strategy has been agreed. * Governance arrangements at service, HSCP, Partnership and NHS GGC levels.	03	05	15 High
HSCP RR.15.03.03 Information Governance	Inappropriate release/use of data/patient records; inability to meet national Information Governance Standards and appropriate sharing of information by partner organisations including copyright law.	* Procedures are in place on all sites for use/release of data, including Multi-Agency Public Protection Arrangements (MAPPA) related information, monitoring of Information Governance Standards, Caldicott Guardian responsibilities, Information Sharing Protocols. * All laptops encrypted. * Information Sharing Protocol in place. * Copyright notices circulated to all bases and clearly displayed at all photocopyers/printers. * Staff made aware of copyright information available on StaffNet including summary	03	05	15 High

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Eval'u'tn
		of National Policy on Copying of Print Materials Protected by Copyright August 2011.			
HSCPRR.15.03.04 Clinical and Care Governance	Non-compliance with all applicable policies, procedures, clinical and non-clinical standards and protocols, resulting in death or injury to staff, patients, visitors and the public. Failure to comply with all clinical standards and protocols and appropriate clinical and environmental risk assessments could result in death or injury to staff; patients; visitors and the public arising from for eg: Suicide or Self Harm; Violent patients; Absconding patients; Accidental and Deliberate Overdose; Moving and Handling Incidents	*Proactive controls arising from clinical and general management systems and processes including provision and uptake of relevant training, robust policy and procedures, Health & Safety Forum, Clinical and Care Governance Groups, Patient Safety Forum and Datix monitoring. *Proactive controls arising from the mental health clinical and general management system and processes including specialised and supported workforce, ongoing training programmes, robust policy and procedures. *Ongoing monitoring includes structured responsibility for detection and review of Critical Incidents with special emphasis on ensuring lessons learned from incidents are disseminated and applied across the Board. *At a local level the consistent review of level of risk is assessed at MDT and if any significant change in the patients presentation occurs. *This may be linked to an ongoing review and assessment of the level of observation required as described within the Safe & Supportive Observation Policy. *Nurse Line Management supervision and ongoing core audit schedule alongside regular PDN review of policy applications within clinical areas ensure robust governance and monitoring arrangements in place. *Pressure re providing adequate staffing levels to meet demands of activity.	03	05	15 High
HSCPRR.15.03.05 Lost Bed Days	Lost bed days: Failure to meet agreed reduction in lost bed days, resulting in adverse impact on patients and acute services bed capacity/cost pressures, in particular those arising from Adults with Incapacity cases.	*Monthly Performance Monitoring in place. *Regular monitoring of position and mechanism for dialogue with Local Authority and Acute Division in place. *Regular reporting to IJB, SLG, Organisational Performance Review (OPR) and NHSGGC Ageing Population Group.	03	04	12 High
HSCPRR.15.03.06 Performers and Ophthalmic Lists	Failure to undertake all relevant checks with regard to Applicants seeking inclusion in GG&C Performers & Ophthalmic Lists, resulting in failure to comply with regulatory requirements and could result in a GP and/or Ophthalmic practitioner being incorrectly admitted to the list.	*Application checklists to be adhered to ensure all appropriate checks are undertaken. *Process in place to liaise with Clinical Director/Optometric Advisor if any issues raised in relation to Clinical references provided, prior to admitting applicant to relevant list.	03	04	12 High
HSCPRR.15.03.07 Performance - HEAT targets	Failure to meet HEAT targets. Lack of relevant disaggregated data hinders detailed analysis and planning. Failure to deliver HSCP's objectives/development plan/NHSGGC Performance Indicator.	*Quarterly performance reports to be taken to IJB. Monitoring by local planning groups. OPR process. *Needs Assessment Plans *Frameworks guidance/circulars *Legislation *Performance Indicators *Equality Scheme Action Plans *Regular reporting to HSCP management and IJB meetings, and to NHS Board. *Ongoing development of controls *Flexible Budgets *Staffing arrangements to change to reflect priorities/demand *Development of data capture systems to inform local planning. learning and education plans reflect need for anti-discriminatory practice	03	04	12 High

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Eval'u'tn
HSCPRR.15.03.08 Workforce Planning - for care activities	Failure to provide safe staffing levels that are commensurate with activity levels require the prioritisation of care activities and could lead to individual care activities of a lower priority not being completed. Failure to maintain consistent Mental Health senior and junior medical cover over 24 hours.	*Professional Nurse Advisor/ Practice development nurse quality assurance process of working on shift to identify areas of good practise and additional care pressures. *All staffing vacancies recruited to immediately vacancy arises. *Weekly overview across whole service of staffing levels. *Weekly review of areas of high clinical activity and deployment of resources to meet this. *Weekly request to nurse bank to meet additional staffing resource requirement. *Daily reconciliation of staffing levels for each area and review of available redeployment opportunities and risk management to ensure appropriate deployment of all available staffing according to risk. *Robust application of attendance management policy to maximise available staffing resources. *Robust application of safe and supportive observation policy to ensure application of enhanced observations meets requirements of least restriction as described within Milan Principles. *Reliance on locum and agency staffing increases financial pressures.	03	04	12 High
HSCPRR.15.03.09 Child Protection	Inconsistent assessment and application of Child Protection procedures may result in poor identification of those at risk or those who have been harmed, and may also lead to a failure to comply with legislative requirements.	*Regular meetings of child protection committees. *Multi-agency and single agency casefile audits undertaken. *Regular caseload management by team leaders in place, clinical supervision of staff established. *Robust policies and procedures communicated throughout the HSCP. *An ongoing comprehensive training programme in place. *Governance arrangements at service, HSCP, Partnership and NHSGGC levels.	02	05	10 High
HSCPRR.15.03.10 NHSCCG Service Redesign/ reviews	Failure to deliver on NHSGGC wide service reviews and redesigns, as per agreed workforce plans. - C&MH Strategy Workplan - EMI Inpatient Review - LD Change Programme	*Regular meetings of hosted service redesign group. *Project management in place. In some initiatives there is both a local and NHSGGC element to the programme. *Heads of Service responsible for their own areas. However, regular meetings take place with HR managers with the SLG and Staff Partnership Forum being kept abreast of issues.	03	03	9 Moderate
HSCPRR.15.03.11 Incident Management	The HSCP is unable to adequately respond to a Major Incident/Pandemic in the Greater Glasgow and Clyde area. We do not fully meet the requirements of the Civil Contingencies Act (Scotland) 2005.	*Business Continuity Co-ordinators nominated across all service areas and training undertaken. *Independent contractors encouraged to develop business continuity process. *Participation in Board's winter planning processes, including pandemic planning. *Participation in joint exercises with Local Authority.	02	04	8 Moderate
HSCPRR.15.03.12 Health and Social Care Integration	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 IJB 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 social care services.	02	04	8 Moderate
HSCPRR.15.03.13	Failure to ensure continuity of services and robust governance during the	*Workstreams have been established to take forward specific elements of integrated arrangements, such as strategic planning, clinical and care governance, workforce	02	04	8 Moderate

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Eval'u'tn
Business Continuity - HSCP Transition	transition period to the new HSCP.	development and performance management.			
HSCP RR.15.03.14 Safe/ effective services - EHRs	Failure to deliver safe and effective services including addressing health inequalities arising from gender, race, disability and deprivation.	* Service improvement plans embedded across all services. * Increase focus on equalities issues across range of HSCP initiatives.	02	04	8 Moderate
HSCP Adult Social Care					
HSCP RR.15.04.01 Investment to support independent living	If the service did not continue to invest in and develop modern and flexible services, local people would not receive the support they need to live as independently as possible in local communities.	* Implementation of self directed support options * Provision of reablement care at home services, community alarms, telecare, community meals, day services * Specialist sensory impairment and physical disability resources availability * Occupational therapy services and aids and adaptations * Development of outcomes focused assessments and care management plans * Joint work with local health services to develop and provide community based services which facilitate prompt hospital discharge and promote independent living * Low level support services such as Reaching Older Adults in Renfrewshire (ROAR) * health and wellbeing services and Food Train funded through the Change Fund to support local older people.	01	04	4 Moderate
HSCP RR.15.04.02 Public protection	Social work services 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.	* Multi-agency child and adult protection committees well established, with independent chair in place for both. * Chief Officers Group, comprising of leaders from all relevant partners agencies, meet on a regular basis to discuss key issues. Joint Communications sub-group now established. * Multi-agency child and adult protection training programme in place, facilitated by dedicated trainer. * Regular programme of case file auditing undertaken by the adult and child protection committee. Social Work Service implementing an internal case file audit programme. * Practice and service quality subject to regular external scrutiny by Care Inspectorate and other bodies as required. * Multi-agency action plan developed to progress recommendations of Significant Case review * Annual conferences held by both the adult and child protection committees * Self-evaluation activities undertaken on an annual basis by both the adult and child protection committees. * Management and supervision policies in place and levels of management review established. * Recording protocols and data quality checks undertaken * Lead officers for child and adult protection, and Multi Agency Public Protection Alert (MAPPA) identified with Social Work. * Development work undertaken with STRADA in relation to work with families where parental addiction exists. * Contract monitoring undertaken * Information management and security policies in place corporately.	03	05	15 High
HSCP RR.15.04.03 Self-directed	Ongoing review of the implementation of the 4 options available under the	* New business process established * Training and development programme for staff well embedded	03	04	12 High

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Eval'u'tn
support	legislation will be required to ensure that agreed and assessed outcomes for service users are met with available resources.	* Development work undertaken with providers and service user/carer organisations * Communication materials published * Development of resource directory being progressed to assist staff, service users and carers. * Initial Procurement process developed and established * Financial allocation systems developed and tested * Formal authorisation group operational to authorise individual decisions * Assessment and care management documentation being developed for staff to ensure consistency with self-directed support process.			
HSCPRR.15.04.04 Health Inequalities	Health inequalities resulting from long-term conditions, income inequalities and individual risk-taking behaviours results in a population with higher levels of need, lower levels of resilience and fewer opportunities to participate fully in their communities.	* Joint Health Improvement Manager * Support for community led health activities * Activity co-ordinators in local authority residential homes for older people * Targeted events such as AgeFest and Feelgood Renfrewshire	03	03	9 Moderate
HSCPRR.15.04.05 Failure of major providers	Failure or loss of a major service provider may impact on our capacity to protect vulnerable children and adults.	* Appraisal of providers conducted as part of procurement process. * Purchasing patterns monitored by Finance Team and senior managers. * Programme of reviews of all service providers. * Main providers registered and inspected by Care Commission, with reports accessible for review. Participation in local and national contingency arrangements relating to providers facing financial uncertainty to ensure minimal impact on local service users.	03	03	9 Moderate
HSCPRR.15.04.06 Workforce planning and organisational development	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.	* Social Work is represented on the Council's Workforce Development & Equality Group (WDEG) which is tasked on an ongoing basis with reviewing competency requirements for all job roles. * As key competencies are agreed these are linked directly to Performance and Development Review (PDR) discussions within all services. * A Learning Management System (iLearn) in place to enhance access to learning and development. This includes a number of e-learning modules which support managers and employees to deal with change and redeployment positively.	03	04	12 High
HSCPRR.15.04.07 Equality Act	New duties relating to the Equality Act come into force on 1 April. If relevant activities are not prioritised by the service, there may be a risk of future legal or financial challenge.	* The Equality Impact Assessment toolkit is being implemented * Equality implications are identified as part of the board paper checklist * Equality and diversity training is offered to all employees with access to the iLearn system * The service works with members of the Diversity and Equality Alliance in Renfrewshire Group to promote and raise awareness of equalities * Sensory Impairment Team provide specialist advice and support to local people and to Council staff. * Forums with minority groups established e.g. Disability Access Panel * Signposting events held with West of Scotland Racial Equality Council * Participation in community planning and corporate equalities groups.	03	03	9 Moderate
HSCPRR.15.04.08 Health and Safety	The Health and Safety of frontline staff is supported through a comprehensive range of policies and procedures. If full compliance is not achieved this may impact on the ability of the service to provide a safe working environment for	* Completion of individual risk assessments for clients * Warning flag system in place on SWIFT/AIS * Interview rooms in location fitted with alarms and toughened glass where appropriate. * Moving and Handling training provided as part of ongoing programme of staff training on health and safety issues.	02	04	8 Moderate

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Evalu'tn
	staff (including violence to staff).	* Recording of accidents and violent incidents, with statistics reviewed on a regular basis by Social Work Health and Safety Committee. * Guidance on driving and transport use * Guidance on effective use of equipment in place			
HSCPRR.15.04.09 Financial and demographic pressures	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.	* Demand management review undertaken * Long term financial planning processes, including strategic commissioning plans * Budget monitoring processes in place and subject to ongoing review * Client group budget management meetings held * Programme of financial management training in place for budget holders * Eligibility criteria established as appropriate * Programme of service reviews in place * Investment in service redesign opportunities to improve efficiency and effectiveness.	04	05	20 V.High
HSCPRR.15.04.10 Data protection	Failure to develop and implement robust procedures around data protection could lead to inappropriate sharing of sensitive information and potential sanctions from the Information Commissioner.	* Process developed for responding to requests for personal data * Process developed for managing electronic and manual record containing personal data * Data protection training and awareness sessions offered to relevant staff within the service	03	03	9 Moderate
HSCPRR.15.04.11 Integration of Health and Social Care	If the Council does not prepare effectively for the implementation of the Public Bodies (Joint Working)(Scotland) Act, there is a risk that legislative requirements to form a Health and Social Partnership by 1 April 2015 will not be met on time with potential consequences in terms of logistics and reputation.	* A high level working group has been established lead by the Chief Executive of Renfrewshire Council and NHS GGC * Project management arrangements are in place to plan the programme of work in order to have all the required elements of integrated working in place by the statutory deadline of 1 April 2016. * An integration scheme has been approved by Council and NHS GG&C and will be submitted through the Health Board to the Scottish Government for approval before the statutory deadline of 1 April 2015. * A Chief Officer Designate has been appointed.*The Director of Finance and Corporate Services, and the Social Work head of Resources are a members of the national Integrated Resource Advisory Group which is now working to finalise required financial governance and reporting arrangements. A a Board wide joint finance working group has also been established, and meets regularly to agree a consistent approach to the practical implementation of the national guidance. *The Director of Social Work co-chairs the national working group established by the Scottish Government to develop and agree the key outcomes and performance measures which would be adopted by health and social care partnerships. *Social Work Service is one of a small number of councils working with the Information Services Division to develop a national health and social care dataset required by health and social care partnerships to develop a performance management framework for integrated service delivery. *Significant level of joint working already embedded locally between health and social care, with a number of joint teams and co-location arrangements in place. Change Fund for Older People activity is a specific example of the effectiveness of jointly planning and delivery improvements to service provision. *Partnership working well advanced in terms of developing joint commissioning plans with a 10 year plan for older people published during 2014/15 and an overarching strategic plan and care group plans under development. *Joint planning groups for health and social care services (JPPIGs) well established,	03	05	15 High

Code & Title	Risk Statement	Current Control Measures	L'hood	Impact	Eval'u'tn
		overseen by a Joint Management Group. * Information sharing protocols in place across health and social care services and developed as required.			
HSCPRR.15.04.12 Incident response management	Any ineffective preparation and planning for potential disruptive events such as those reflected within the Community Risk Register, that directly relate to the services statutory obligations (e.g. Management of offenders, child and adult protection etc.) may result in the services inability to effectively respond and manage the event in a way minimises harm to the community, our employees and the reputation of the service.	* Senior Manager participation in corporate and service level working groups to discuss and develop civil contingencies arrangements. * Business continuity plans in place for all units and subject to ongoing review. Service has assessed risks and identified areas where there is no acceptable tolerance for the non-delivery of services. * Civil contingencies training for senior managers and relevant staff. * Electronic care records developed and held for all children, and being rolled out across other client groups. This is crucial to the ability of staff to access files required off-site.	02	03	6 Moderate
HSCPRR.15.04.13 Business Continuity	Non availability of (1) premises either through fire or flood etc; (2) key staff or significant numbers of front-line staff and/or (3) systems (telephony, Swift, power failure etc) may result in adverse impact on service provision.	* Corporate Landlord management of properties and associated procedures in place. * Investment programme undertaken to ensure premises are fit for purpose. * Business continuity plans in place for every social work unit and subject to ongoing review * Programme of audit undertaken by Health and Safety Service, with feedback provided to wider staffing group. * Corporate policies and processes in place regarding system failure e.g. helpdesk * SWIFT/AIS guidance regularly updated and communicated to staff, with system subject to ongoing programme of upgrading. * Rigorous implementation of corporate absence management and support policies.	02	03	6 Moderate
HSCPRR.15.04.14 Developing self-evaluation arrangements	Self-evaluation of performance and practice is key to the continuous improvement of the service. There is a risk that insufficient development of this agenda will impact on service development activity and increase the burden of external scrutiny.	* Regular programme of external scrutiny by Care Inspectorate * Registered services subject to regular inspections by Care Inspectorate * Support received from Care Inspectorate to develop self-evaluation arrangements through for example a case file auditing programme. * Inspection overview submitted to board on 6 monthly basis * Programme of self assessment rolled out across service using PSIF. * Complaints monitoring allows for key areas of development to be identified - update	03	03	9 Moderate