

Agenda item 4

To: Social Work, Health and Well-Being Policy Board

On: 3 November 2015

Report by: Chief Officer, Renfrewshire Health and Social Care

Partnership

Heading: Adult Social Care Risk Management Plan 2015-16 Mid-Year Update

1. Summary

- 1.1 In May 2015, the Policy Board approved the Social Work Adult Services Risk Management Plan for 2015-16. This paper provides a mid-year progress report in relation to this plan. A copy of the Risk Register, detailing service risks, planned actions and progress, is included as Appendix 1.
- 1.2 The 2015-16 Plan set out a risk profile as follows:

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

- 1.3 The Health and Social Care Partnership monitors these risks throughout the year to ensure they reflect service developments and shifting pressures. At the mid-year point, the risk profile for the service remains as above.
- 1.4 The top five risks for the service are unchanged and are as follows:

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 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**)

- 1.5 This paper provides a mid year progress report on the management of service risks and the progress in relation to actions which mitigate these risks.
- 1.6 A Risk Management Policy and strategy has been developed and approved by the Integration Joint Board. The IJB will assume responsibility for monitoring risk when services are delegated in 2016.

Recommendations

- 2.1 It is recommended that Board:
 - Notes the progress made by the Partnership in relation to the management of risks
 - Notes that from 1 April 2016 monitoring of risks in adult social care will be the responsibility of the Integration Joint Board.

Background

- 3.1 In line with Renfrewshire Council's corporate approach to risk management, services produce an annual Risk Management Plan and a mid-year progress report on the management of these risks.
- 3.2 Functions relating to adult social work will be formally delegated to the Integration Joint Board by 1 April 2016 and risks will be reported to that body. The Senior Leadership Group of the Renfrewshire Health and Social Care Partnerships will have strategic and operational responsibility for managing risk. This group will maintain links with the Council's Risk Manager and will submit an annual report to the Council's Leadership Board.
- 3.3 The top five risks for the service are unchanged from the position in May 2015. The table below summarises these risks.

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: • 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 remains a critical duty of social care services. Work in relation to adult protection

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. 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.

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 from 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 and financial management. Work is progressing well and all workstreams are on track to deliver within required timescales.

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.

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

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 &
Organisational Development: A
flexible, skilled workforce is
essential to the delivery of high
quality social care services. If
planning and development

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

activity is not prioritised, it could
lead to short- and long-term
workforce difficulties. (High risk)

improvements, and that they are supported to do this. Central to this is ensuring that staff receive the information and training they need.

- 3.4 Risks in this plan are linked to actions in the Social Work Service Improvement Plan 2014-17, which is currently in Year 2. There are no areas of concern in relation to these actions.
- 3.5 In addition to service level risks adult social care services continue to manage and address risks to individuals at an operational level. The Chief Social Work Officer (CSWO) for the Council is the Director of Children's Services. The CSO continues to be the professional lead for social work staff within the Renfrewshire Health and Social Care Partnership, sits on the Integration Joint Board and has direct responsibility for Mental Health Officers and Guardianships. In addition, he takes a prominent role in a number of national groups. As part of his role, the CSWO will sit on the newly-established Renfrewshire Health and Social Care Partnership Executive Governance Group. He will also chair twice-yearly meetings of senior social care managers as part of his professional leadership and governance role.
- 3.6 The Head of Adult Services is the Social Work lead in relation to the care and protection of vulnerable adults. There has been a significant increase in the number of adult protection referrals made to Social Work in recent years and this is closely monitored. Renfrewshire Adult Protection Committee has oversight of the multi-agency arrangements in place.

Implications of the Report

- 1. **Financial** the Senior Leadership Group are satisfied that recurring costs in relation to the management of risks and the delivery of mitigating actions are proportionate to the level of risk.
- 2. **HR & Organisational Development** Risks related to the workforce are noted in the report above and in Appendix 1.
- 3. **Community Planning** Any risks relating to Community Planning themes are reflected in Appendix 1.

- 4. **Legal** Any risks that may have legal implications are reflected within Appendix 1.
- 5. **Property/Assets** Any risks that may have property implications are reflected within Appendix 1.
- 6. **Information Technology** Any risks that may have ICT implications are reflected within Appendix 1.
- 7. **Equality & Human Rights** 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 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 & Safety-** Any risks relating to health and safety are reflected within Appendix 1.
- 9. **Procurement** Any risks relating to procurement are reflected within Appendix 1.
- 10. Risk The risk profile shows that the Social Work service manages significant risks. The senior management team believe that these risks can be managed and contained, and all areas of the service have been consulted to ensure that all relevant risks have been identified. Risk scores are believed to be a realistic reflection of the level of risk and the effectiveness of mitigating actions. Many of the risks are long-term in nature.
- 11. **Privacy Impact** Any risks relating to privacy matters are reflected in Appendix 1.

List of Background Papers
None

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Appendix 1



Social Work Adult Services Risk Management Plan

April 2015

1. Risk management arrangements within Adult Social Care

- 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 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) is now 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.
- 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. The Adult Social Care Risk Management Plan which was approved by the Social Work, Health and Wellbeing Policy Board in May 2015, 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 Adult Social Care

- 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 included:
 - 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.
 - Consultation on strategic plans / commissioning plans

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

Priority	Description	
Maintaining appropriate	One of the key challenges for the Social Work Service over recent	
levels of service	years has been the development of strategies and approaches	
provision	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	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 financial and performance management. 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.	
Developing person- centred approaches to service delivery, including self-directed support	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.	
	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.
Promoting independent living and supporting reablement of service users	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. Work in relation to employability services will remain a key focus for the service partners, with specific initiatives being progressed to develop opportunities for adults with learning disabilities and for adults with addictions issue through a recovery cafe.
Reshaping Care for Older People	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 with a year 1 review conducted earlier in 2015.
	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.
Effectively discharging our public protection role	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.
	The Adult Protection Committee will continue to promote and develop practice across partner agencies and work on implementing a self-evaluation framework.
Supporting vulnerable	The UK Government introduced wide-ranging reforms to the
people affected by the	benefits system from April 2013 which have had a major impact on the Council and on the people who use our services. Social
current programme of welfare reform	Work has been working closely with other services across the
wellare reloilli	Council and with health to ensure that local people have access
Strategic commissioning	to information and practical support. 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.

	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.
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. 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

- 5.1 The detailed service risk management plan from April 2015 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."
- 5.2 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	9	4	1	14

Table 5.2.2: Risk Areas in Order of Significance

Risk areas	Likelihoo d	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
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: • in adult services where people with disabilities are living longer and

Title	Score	Risk	Overview
			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 social care services. 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 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 (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	Encompassing
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Social Care	(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

5.3 A risk management plan for integrated adult health and social care is in development and will be formally 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.

Risk Matrix for Adverse Impact

Appendix

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:

		Co	nsequent Impa	act	
Likelihood	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Extreme
5	_	- 10	4-		0.5
Almost Certain	5	10	15	20	25
4	4	8	12	16	20
Likely	4	0	12	10	20
3	3	6	9	12	15
Possible	3	0	,	12	13
2	2	4	6	8	10
Unlikely					10
1	1	2	3	4	5
Remote	-		l: 1 (40.46)		

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	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule.	Significant reduction in ability to meet project objectives or schedule.	 Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to clients/staff.	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first-aid treatment needed. No staff absence required.	■ Significant injury requiring medical treatment and/or counselling.	Major injuries or long term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling.	■ Incident leading to death or major permanent incapacity.

Client experience / outcome	 Reduced quality of client experience / 	 Unsatisfactory client experience / 	 Unsatisfactory client experience / 	 Unsatisfactory client experience / 	 Unsatisfactory client experience /
	outcome not directly related to service delivery.	outcome directly related to service provision – readily resolvable	outcome, short term effects – expect recovery < 1Wk	outcome, long term effects - expect recovery > 1Wk	outcome, continued ongoing long term effects.
Complaints / claims	 Locally resolved complaint 	 Justified complaint peripheral to direct service provision 	 Below excess claim. Justified complaint involving inappropriate service. 	 Claim above excess level. Multiple justified complaints. 	 Multiple claims or single major claim.
Staffing and competence	Short term low staffing level (< 1 day), where there is no disruption to service.	 Ongoing low staffing level results in minor reduction in quality of client care Minor error due to ineffective training / implementation of training. 	 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 	 Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training. 	 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	 Interruption in a service which does not impact on the delivery of client care or the ability to continue to provide service 	■ Short term disruption to service with minor impact on client care.	 Some disruption in service with unacceptable impact on client care. Temporary loss of ability to provide service. 	■ Sustained loss of service which has serious impact on delivery of client care resulting in major contingency plans being invoked.	 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
	maigimicant	IVIIIIOI	Moderate	Iviajoi	LXIICIIIC
Financial Inspection /	 Negligible organisational financial loss (£< 1k). Small number 	Minor organisational financial loss (£1-10k). Minor	 Significant organisational financial loss (£10-100k). Challenging 	■ Major organisational financial loss (£100k-1m). ■ Enforcement	■ Severe organisational financial loss (£>1m). ■ Prosecution.

Adverse publicity / reputation	No media coverage, little effect on staff morale.	 Local Media – short term. Minor effect on staff morale / public attitudes. 	 Local Media – long term. Impact on staff morale and public perception of the organisation. 	 National Media (< 3 days). Public confidence in the organisation undermined. Usage of services affected. 	 National Media (> 3 days). MP / MSP Concern (Questions in Parliament).
Council / Personal Security, and Equipment	■ Damage, loss, theft (£< 1k).	■ Damage, loss, theft (£1-10k).	■ Damage, loss, theft (£10- 100k).	■ Damage, loss, theft (£100k- 1m).	■ Damage, loss, theft (£>1m).

Likelihood

	1	2	3	4	5
	Remote	Unlikely	Possible	Likely	Almost Certain
Probability	■ Will only occur in exceptional circumstances	 Unlikely to occur but definite potential exists 	Reasonable chance of occurring – has happened before on occasions	Likely to occur – strong possibility	■ The event will occur in most circumstances

Adult Social Care Risk Register

Generated on: 06 October 2015



Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.01 Investment in services to support independent living Encompassing: 1) Service developments 2) Implementation of new structures and approaches across services	ment in services to living ents f new structures and ervices	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 ROAR health and wellbeing services and Food Train funded through the Change Fund to support local older people.	01	04	4
Action Codes	Linked Actions		Latest Note		Assigned To	Due Date	Status
SWSIP1402b	Work with the housing and care providers to review the existing service model for adults with learning disabilities and identify options for redesign.	and care providers to vice model for adults s and identify options	Housing and as disability joint part of the Inte Housing Strate people with les	Housing and associated support models will be included in the learning disability joint strategic commissioning plan. Revised due date is 2016 as part of the Integration Joint Board's Strategic Plan. The forthcoming Local Housing Strategy (2016-19) will address the particular housing needs of people with learning disabilities and autism.	Joint Learning Disability Services Manager	31-Mar- 2016	
SWSIP1402c	Continue to develop the care at home reablement service and extend provision to people aged under 65.	ecare at home extend provision to	Extension of th service outcom	Extension of the service to people aged under 65 years is now in place and service outcomes are being reviewed.	Care at Home Manager	31-Mar- 2016	

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.02 Public protection Encompassing: 1) Adult and child protection 2) Effective risk management 3) Management of high-risk offenders 4) Multi-agency training and procedurt	S	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 review established. * Recording protocols and data quality checks undertaken annagement work undertaken 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
Action Codes	Linked Actions		Latest Note		Assigned To	Due Date	Status
SWSIP1401d	Develop self-evaluation framework for the Adult Protection Committee		A multi-agency place before the the Hogg self- for early 2016, schedule of sel 2015.	A multi-agency case file audit was completed in 2014 and another will take place before the end of this financial year. The committee has now adopted the Hogg self-evaluation framework. A self-evaluation exercise is scheduled for early 2016, to be completed within 6 months. Proposals for a new schedule of self evaluation activity will be put to the RAPC before the end of 2015.	Adult Services Manager	31-Mar- 2015	•

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.03 Self-directed support Encompassing (1) Social Care (Self-Directed Support) (Scotland) Act 2013 (2) Personalised approach to social care services (3) Individual budgets	rected support -Directed Support) roach to social care ts	Ongoing review of the implementation of the 4 options available under the legislation will be required to ensure that agreed and assessed outcomes for service users are met with available resources.		*New business process established *Training and development programme for staff well embedded *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.	03	40	12
Action Codes	Linked Actions		Latest Note		Assigned To	Due Date	Status
SWSIP1405a	Continue to implement and develop local arrangements to facilitate self-directed suppo options locally in line with national legislation	and develop local ate self-directed support ith national legislation	Social Work had development of sustainability of communication raise aware Option 2; build supports and stramework.	Continue to implement and develop local arrangements to facilitate self-directed support around the arrangements to facilitate self-directed support development of procedures and systems; managing the financial development of procedures and systems; managing the financial sustainability of new processes; training plans for staff; developing a suite of communications materials including Easy Read leaflets and online content to raise awareness in both the Council and its partners; progress with Option 2; building an online resource directory of local community assets, supports and services; and the development of the strategic evaluation framework.	Self-Directed Support Manager	31-Mar- 2016	_

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood		Impact Evaluation
ASWRR15.04 Health Inequalities Encompassing (1) Health Improvement (2) Partnership	Health inequalities resulting from long-term conditions, income inequalities and individual risk-taking behaviours results in a population with higher levels of reed, 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	6
Action Codes Linked Actions		Latest Note		Assigned To Due Date	Due Date	Status

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Impact Evaluation
ASWRR15.05 Failure of major providers Encompassing (1) Monitoring of external commissioning procurement activity	ASWRR15.05 Failure of major providers Encompassing (1) Monitoring of external commissioning / procurement activity	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	6
Action Codes	Linked Actions		Latest Note		Assigned To	Due Date	Status

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.06 Workforce planning and organisational development	rce planning and opment	A flexible and skilled social care workforce is		* Social Work is represented on the Council's Workforce Development & Equality Group (WDEG) which is tasked on an	03	04	12
Encompassing (1) Workforce planning: structural cha and having a flexible, motivated and sl workforce (2) Organisational development: management development, individual personal / employee development and performance management (3) Leaders and culture	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	essential to the future development of high quality services, and may lead to short and longer term workforce difficulties should this not be prioritised.		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.			
Action Codes	Linked Actions		Latest Note		Assigned To	Due Date	Status
SWSIP1406g	Working with the palliative care services within the NHS, develop the training programme for all Care at Home staff to include reablement and palliative care approaches.	tive care services within raining programme for o include reablement oaches.	Home Care Manage programme of train over the next year.	Working with the palliative care services within Home Care Managers have had a series of meetings with Accord Hospice. A Care at Home the NHS, develop the training programme for programme of training in palliative care has commenced and will continue Manager all Care at Home staff to include reablement over the next year.	Care at Home Manager	31-Mar- 2016	

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
Encompassing (1) Meeting main duties flee Promoting access to care a minority groups	owing from Act (2)	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	6
Action Codes	Linked Actions		Latest Note		Assigned To	Due Date	Status
SWSIP1403d	Implement a service-specific action plan whi takes cognisance of the Strategic Outcomes agreed by the Council in mainstreaming the Equalities Act 2010.	ecific action plan which Strategic Outcomes n mainstreaming the	A social work superseded by Integration Jo development	Implement a service-specific action plan which takes cognisance of the Strategic Outcomes agreed by work required in mainstreaming the Equalities Act 2010.	Principal Officer, Planning & Performance	31-Mar- 2015	•

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.08 Health and Safety	The Health and Safety		* Completion of individual risk assessments for clients	02	04	8
Encompassing (1) Employee safety and wellbeing in the community	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 staff (including violence to staff).		* 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. * 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			
Action Codes Linked Actions		Latest Note		Assigned To	Due Date	Status

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.09 Financial and demographic pressures		If the service's financial and demographic		* Demand management review undertaken * Long term financial planning processes, including strategic	04	05	20
Encompassing (1) Medium and longer term financial planning (2) Corporate and service review active (3) Strategic commissioning approach (4) Development of cost care models	vities	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.		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.			
Action Codes	Linked Actions		Latest Note		Assigned To	Due Date	Status
SWSIP1404c	Work with partners to implement a 10 year Joint Commissioning Plan for Older People's Services		A 1 year revie undertaken ar Performance I towards achie	A 1 year review of the Older People's Joint Commissioning has been undertaken and presented to the Older People's Joint Planning & Performance Implementation Group. Considerable progress has been made towards achieving the milestones set out in the 10 year plan.	Head of Adult Social Care	31-Mar- 2016	
SWSIP1404d	Work with procurement and wider partners to develop a market shaping strategy for older people	0.	An officer wor University) too of Market Posi comprising pla officers and ha the Change Fu the role of a n	An officer workshop led by the Institute of Public Care (Oxford Brookes University) took place in April 2014 to agree overall structure and content of Market Position Statement. An officer steering group was established comprising planning and performance, procurement and contracts team officers and has drafted a market position statement for consideration by the Change Fund Sub Group. Initial discussions with providers' forums on the role of a market position statement have taken place and will be finalised following the publication of the Strategic Plan in 2016.	Head of Adult Social Care	31-Mar- 2016	
SWSIP1404	Continue to develop strategic commissioning, and deliver Joint Commissioning Plans for all areas of Adult Services		Initial work has been unde Learning Disability Service & Sensory Impairment Ser in relation to the integratic prioritised the developmen partnership. This will be pu	Initial work has been undertaken on strategic commissioning plans for Learning Disability Services, Mental Health Services and Physical Disability & Sensory Impairment Services. In order to meet legislative requirements in relation to the integration of health and social care, officers have prioritised the development of an overarching strategic plan for the new partnership. This will be published by 1 April 2016. Care group plans will be produced during 2016/17.	Principal Officer, Planning & Performance	31-Mar- 2016	
SWSIP1407f	In line with the work underway as part of the Reshaping Care for Older People Change Fund, develop community-based preventative and early intervention services, including building the capacity of local communities.		A number of pusing funding Community Community Hophysical activicanith hophysical for inference with projects	A number of pilot projects are being co-produced with third sector partners using funding from the Reshaping Care programme. These pilots are Community Connectors (social prescribing in partnership with GPs), Community Health Champions (a volunteer-led approach to promoting physical activity) and Community Information Hubs (central points of contact for information and advice). Very positive feedback reported initially with projects subject to final review.	Principal Officer, Planning & Performance	31-Mar- 2016	

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Impact Evaluation
ASWRR15.10 Data protection	rotection	Failure to develop and		* Process developed for responding to requests for personal	03	03	6
Encompassing (1) Subject Access Requests (2) Data sharing agreements	equests	implement robust procedures around data protection could lead to inappropriate sharing of sensitive information and potential sanctions from the Information Commissioner.		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			
Action Codes	Linked Actions		Latest Note		Assigned To Due Date	Due Date	Status

Page 31Context	ţ	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.11 Integration of Health and Social Care	ation of Health and	If the Council does not prepare effectively for			03	05	15
Encompassing (1) Development of integrated services across adult health and social care (2) Establishing strong links between services which remain the responsibility Renfrewshire Council and those transfer to the Integration Joint Board.	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.	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					
Action Codes	Linked Actions		Latest Note		Assigned To	Due Date	Status
SWSIP1404g	Work with NHS and corporate colleagues and partners to agree plans to deliver integrated health and social care in Renfrewshire in line with legislative provisions and timescales	_	The integration 2015 and the first full meetin Officer and the progressing we	The integration scheme was approved by the Scottish Government in June 2015 and the Integration Joint Board has been formally constituted. At the first full meeting on 18 September 2015, the appointments of the Chief Officer and the Chief Finance Officer were ratified. Workstreams are progressing well and the strategic plan will be published by 1 April 2016.	Head of Resources	31-Mar- 2016	

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.12 Incident response management Encompassing (1) Disruptive events that impact on the community, the environment, our employees or the reputation of the serving the s	ASWRR15.12 Incident response management Encompassing (1) Disruptive events that impact on the community, the environment, our employees or the reputation of the service.	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		* 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 nondelivery 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.	05	03	9
Action Codes	Linked Actions	מבו זורפי.	Latest Note		Assigned To	Due Date	Status

Context		Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Evaluation
ASWRR15.13 Business Continuity Encompassing (1) Non-availability of premises, e	ASWRR15.13 Business Continuity Encompassing (1) Non-availability of premises, employees	Non availability of (1) premises either through fire or flood etc; (2) key staff or		* Corporate Landlord management of properties and associated procedures in place. * Investment programme undertaken to ensure premises are fit for purpose.	05	03	9
or systems impacting	or systems impacting on services/runctions	significant numbers of front-line staff and/or (3) systems (telephony, Swift, power failure etc) may result in adverse impact on service provision.		* 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			
Action Codes	Linked Actions		Latest Note	management and support poincies.	Assigned To	Due Date	Status

Context	Risk Statement	Owned by	Current Risk Control Measures	Likelihood	Impact	Impact Evaluation
ASWRR15.14 Developing self-evaluation arrangements			* Regular programme of external scrutiny by Care Inspectorate	03	03	6
Encompassing (1) Public Service Improvement Framework (2) Consolidation of CSE accreditation (3) Supported self-evaluation with the Care Inspectorate (4) Case file auditing programme	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.		* 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			
Action Codes Linked Actions	ions	Latest Note		Assigned To	Due Date	Status