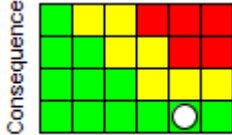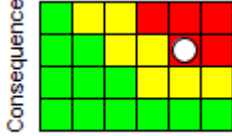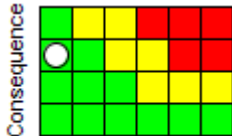# Social Care and Wellbeing Risk Quarterly Report

Report Author: John Maule
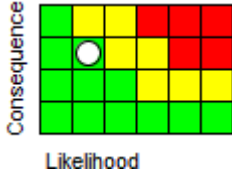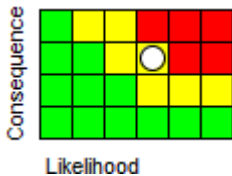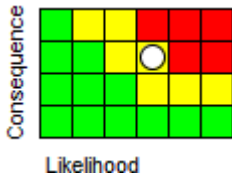**Generated on:** 29 April 2010

ABERDEEN
CITY COUNCIL

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC01	Failure to maintain an adequate staffing resource	Insufficient resources to recruit and retain appropriately trained and skilled staff. Unable to fill vacancies due to procedural delay's and budget pressures including absence sickness levels. EP&M appeal outcomes. No appropriate levels of support staff to meet support service needs.	Not enough staff or appropriately trained staff to meet statutory obligations. Unable to meet the needs of service users. Possible damage to reputation for Aberdeen as a city for social work and caring professionals to come and work as well as contributing to the diminishing resource of professionals at national level. Wrong skills mix of support staff, inability to focus or direct appropriately trained staff accordingly. Expensive agency costs, affecting the budget. Individuals at risk of misrepresentation.	Safer recruitment policy. Workforce plan. Vacancy management overview. Flexible working policy. CPD opportunities for staff, access to development and training courses. To market Aberdeen as an attractive place to both live and work for Social Work and caring professionals. Redesign role of support staff within social care and wellbeing. Audit skills base, identify needs of the service, linking with staff's skills available and potential training needs to fill in any skills and gaps in tasks required.	Consequence / Likelihood	8	Implement the workforce plan. Close monitoring of workload. Analysing the business environment to predict changes. Possibility to offer incentives to Social Work professionals to come to live and work in Aberdeen as an expensive place to live and work. To work with corporate services internally to complete the Support Staff Review.	No major disruption to service. Motivated and valued workforce. Feedback from staff on achievements / success / and corporately on lessons learned from support staff review. Staff morale increased. Less sickness absence.	Graham Hossack	29 Apr 2010

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No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC02	Failure to consult with internal/external partners and stakeholders	No protocols governing partner relationships. Unclear profile of need. Unwillingness of partners to accept improvement agenda. Protecting in-house provision when budgets are cut.	No joint working / planning / commissioning. Joint working opportunities not maximised. Reputational damage. Lack of cooperation and buy in from partners.	Community engagement strategy. Commissioning strategy. Community planning groups. Joint planning groups. Service user consultation. Staff briefings. The vision statement. Ensure correct and appropriate identification of internal and external partners.	Consequence / Likelihood	6	Develop the partnership agreement with CHP/NHSG. Implement SLAs with external and internal partners. Implement timetable of regular meetings / communication and method.	Effective communication and ongoing development of good working relationships through joint working / planning / commissioning - no barriers, blockages.	Fred McBride	29 Apr 2010
SC03	Failure to meet unexpected increase in demand for social care and wellbeing services	Failure to provide resources to manage the variable demand in relation to Pandemic Flu / major incident / high profile cases.	Reputational damage. Escalation of disaster. Unable to respond effectively. Public awareness heightened / changed through high profile cases.	Emergency planning strategy. Business continuity plans. Emergency response plan.	Consequence / Likelihood	6	Quarterly audit and review of business continuity plans. Identify service - emergency planning contact tbc.	Ability to respond effectively in an emergency situation.	Tom Cowan; Susan Devlin; Fred McBride; Liz Taylor	29 Apr 2010
SC04	Failure to meet unexpected increase in demand for social care and wellbeing services	Balancing the demand for need against the available budget. Inability to manage balanced budget. No regular monitoring of service expenditure / budget. Insufficient governance. Lack of budget setting process. Poor systems.	Overspend in budget. Poor understanding of financial position. Reputational damage. Unable to maintain service expectations. Outside intervention.	Ensure robust budget monitoring and budget saving reports. All appropriate staff with an understanding of the Collaborative Planning (CP) system. Service wide use of PECOS. Ensuring appropriate authorisation levels in place.	Consequence / Likelihood	3	Ensure all budget holders have training and support in the use of CP/PECOS/Covalent. Monthly monitoring reports/savings updates with the use of PM system - Covalent. SCMT to receive monthly budget position for review.	Deliver service within budget.	Fred McBride	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC05	Failure to meet FOI requests	Inappropriate and inadequate management of FOI requests.	Unable to meet statutory obligation. Potential damage to reputation for non issue of public information.	Dedicated Freedom Of Information officers. Robust recording systems. Keep appropriate staff up to date with legislation requirements / changes.	Consequence / Likelihood	5	Continuation of Freedom of Information officers dedicated to the collection and dissemination of appropriate information. Make staff aware of what information is appropriate to ensure clients / public advised accordingly.	All requests dealt with appropriately, effectively and efficiently.	Graham Hossack	29 Apr 2010
SC06	Failure to carry out appropriate background checks on relevant staff	Failure to carry out appropriate recruitment checks. No systems in place for place for checking references, continuity of life/work history and renewal dates.	Danger to the public. Reputational damage. Unattractive to potential professionals. Attractive to those with forged backgrounds including those with no right to work in the UK.	Comply with SSSC Registration database. Staff registration database covering all appropriate professional bodies. The safer recruitment policy. Recruitment staff trained.	Consequence / Likelihood	15	Ensure staff registration database is robust and kept up to date. Effective use of monthly information from SSSC. The recruitment checklist to include a sign off reminder to check registrations are current at interview.	Where appropriate all staff have current registration documents.	Graham Hossack	29 Apr 2010
SC07	Failure to carry out appropriate background checks on relevant staff	Failure to carry out disclosure Scotland checks where appropriate on relevant staff	Danger to the public. Reputational damage. Unattractive to potential professionals. Attractive to those with forged backgrounds including those with no right to work in the UK.	Identify appropriate posts where disclosure checks applicable. The safer recruitment policy. No appointments to be confirmed until satisfactory disclosure check completed.	Consequence / Likelihood	3	Ensure disclosure Scotland check is included in the sign off recruitment checklist. Ensure robust monitoring and review / update of checks being completed.	All appropriate staff have current disclosure Scotland checks and documentation in place.	Graham Hossack	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC08	Protection of staff	Non compliance with the Health and Safety law and regulations. Failure to identify requirements / resources. Inadequate training. Staff in fear of intimidation. Safety of staff compromised due to need to intervene with those in need. Increased lone working and out of hours working arrangements. Lack of information sharing. Unable to implement management of absence of staff at work.	Personal injury / death / assault. Staff vulnerable and at threat of abuse / intimidation / personal threats / absence. Legal claims by staff. Reputation damaged. Difficult to retain staff. Fined and prosecuted under health and safety legislation.	Risk assessment policy. Lone working policy. Incident reporting policy / procedure. SCIP training. Manual handling training / policy. Dealing with violence / abuse training. Issue staff with mobile phones. Warning marker in client records. Staff supervision policy. Employee assistance programme. Health and safety policy / procedure.	Consequence / Likelihood	12	Quarterly health and safety meetings. Ongoing rolling programme of training - SCIP, manual handling, dealing with violence / abuse. Evidence of staff attendance at appropriate training. Include absence management reporting, annual appraisal, and 1-1's in quarterly performance management reports, including raising awareness of reporting incidents. Risk Assessments of posts.	Reducing staff absence. Retaining staff. Reducing the number of reported incidents. Improved reporting to corporate health and safety committee.	Fred McBride	29 Apr 2010
SC09	Failure to protect those in need	Failure to meet statutory obligations. Failure to investigate appropriately. Lack of appropriate staff skills. Lack of information sharing. Not working with partners. No robust policies and procedures. Lack of public awareness. Accessibility of services.	Reputation. Potential litigation. Danger to the public including not recognising potential danger / hazard to public. Deaths.	Child protection procedures. Adult protection procedures. Child protection committee. Staff training. Council officers (adults). Appropriate adults scheme. Risk assessment procedures. Children's messaging. Information sharing protocols.	Consequence / Likelihood	8	Comply with statutory obligations including meeting any further recommendations set. Ensure robust policies and procedures in place to enable appropriate access to information held including effective partnerships (internal / external). Making public aware of services and how to contact.	Swift access to those in need, or ability to investigate effectively without delay.	Fred McBride	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC10	Failure to adhere to Inspection recommendations / findings (SWIA, HMIE, Scottish Commission of the Regulation of Care)	Lack of prioritisation of actions. Failure to meet deadlines and implement good practice.	Potential loss of income. Failure to provide an effective service. Damage to reputation. Regulatory criticism.	Regular management meetings to discuss inspection findings, recommendations, issues and progress. Maintain good effective working relationships with regulatory bodies.		6	Implement action plans from HMIE, SWIA, Care Commission. Regular monitor and review of the actions and progress to date including highlighting any issues / blockages for completion.	All recommendations completed on time.	Fred McBride	29 Apr 2010
SC11	Failure to respond to complaints	Ineffective use of system for complaints. Policy and procedure not robust.	Unable to meet statutory obligation in relation to the ombudsman. Damage to reputation including to clients service delivery and the clients right to complain.	Complaint procedure and policy. Dedicated staff.		12	Implement the complaint procedure and policy for social care and wellbeing service. Raise staff awareness of the procedure and policy. Ensure dedicated staff in place to deal with and monitor complaints effectively in accordance with timescales.	Reduce the number of complaints. All complaints dealt with appropriately and effectively in accordance with relevant timescales.	Tom Cowan; Susan Devlin; Liz Taylor	29 Apr 2010
SC12	Failure to keep / maintain / store accurate client records / information	Inappropriate use of information and records including systems used.	Possible litigation. Damage to reputation. Breach of law in relation to Data Protection Act.	Full compliance with the Data Protection Act. Robust systems and training in place for staff, including internal procedures and policies on the collection and dissemination of information / records.		12	Continue to adhere to the Data Protection Act and internal policies and procedures on data / information / confidentiality policy and procedure. Continue with systems developed to maintain and record information and provide authorisation to appropriate staff, and appropriate training.	Effective collection and use of appropriate data.	Tom Cowan; Susan Devlin; Liz Taylor	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC13	Failure to identify potential clients (referral processes ease of access to services)	Complex and lengthy referral processes. Public or those in need unable to easily get in touch and access services.	Members of the public at danger of risk, abuse, health issues and possible death.	Appropriate advertising methods to reach all clients on services available. Referral process robust but not unduly complex.	Consequence / Likelihood	15	Finalise Social Care and Wellbeing leaflet. Monitor and review effectiveness of Community Engagement Strategy. Strengthen internal and external partnerships and relations through integrated joint working with e.g. Health partners.	Increase in referrals.	Tom Cowan; Susan Devlin; Liz Taylor	29 Apr 2010
SC14	Failure to report on Statutory Performance Indicators and meet Performance Management targets	Underdeveloped and poor systems. Lack of knowledge, service planning and no targets set.	Unable to meet statutory requirements. Damage to reputation and possible regulatory criticism. Inability to measure performance and benchmark against other Local Authorities.	Adhere to guidance provided by Audit Scotland. Implement set of performance measures against Statutory Performance Indicators and Benchmarking facility with a robust system for reporting. Continual ongoing approach to service planning.	Consequence / Likelihood	2	Implement the social care and wellbeing service plan for 2010-2013. Review the service plan yearly. Set targets in conjunction with Audit Scotland guidance and provide documentation to relevant committees for scrutiny.	Robust set of Performance Management figures and targets reported to aid service delivery / improvements.	Tom Cowan; Susan Devlin; Fred McBride; Liz Taylor	29 Apr 2010
SC15	Failure to report and record unmet need	No effective and appropriate system in place to capture information. Budget constraints on type available. Lack of product knowledge and training to staff.	Unable to meet statutory obligation for recording and reporting unmet need. Loss of reputation through regulator / internal audit criticism. Risk to the wellbeing of individuals.	Record unmet need through assessment. Effective database for recording and appropriate reporting to the Senior Management Team where applicable. Commissioning Strategy.	Consequence / Likelihood	15	Formalise recording and reporting of unmet need. Link to Commissioning Strategy and Community Engagement Strategy. Develop relationships with internal partners e.g.. Community Planning and Housing.	Enabling provision of targeted services meeting the needs of service users in line with budget constraints.	Tom Cowan; Susan Devlin; Fred McBride; Liz Taylor	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC16	Failure to implement national strategies, policies including new legislation on both a local and national level	Lack of guidance on legal and legislative changes.	Unable to meet statutory requirements. Damage to reputation and possible regulatory criticism.	Service Planning to include implementation of national strategies, policies and legislation. Raise staff awareness and training. Inspection by regulator.	Consequence / Likelihood	9	Complete review of training programme. Redesign Social Care and Wellbeing site on the zone in conjunction with our internal corporate services. Providing easily accessible information keeping staff up to date with national strategies and policies. Training records reviewed on an ongoing basis.	Inspection Reports by Regulator. Well informed, consulted and appropriately trained staff. Continual development of staff.	Fred McBride	29 Apr 2010
SC17	Inadequate policies and procedures to govern service delivery	No clear guidelines, or procedures in place for the set up and ongoing review of policies and procedures.	Staff unable to perform duties. Inconsistent approach resulting in unfair approach to clients. Public liability, possible litigation and possible regulatory criticism.	Policy and procedural guidance in the creation and review of policies and procedures. Standard approach providing consistence to both staff and service users which is readily available and easily accessible.	Consequence / Likelihood	15	Agree and implement policy and procedure guidance, in line with corporate internal services / guidance. Train staff accordingly in this approach. Identified as an area of priority.	Clear, easy to read and understand set of policies and procedures which are available to all.	Tom Cowan; Susan Devlin; Graham Hossack; Fred McBride; Liz Taylor	29 Apr 2010
SC18	Emergency Planning 1	IT System failure due to disaster external or internal incapacitated by fire, flood etc.	Potential of disruption to service delivery. Availability of information to staff / professionals and impact on clients and service users due to reliance on IT and electronic recording.	Business Continuity Plan / Disaster Recovery Plan	Consequence / Likelihood	9	Review existing practices for social care and wellbeing business continuity plans. Ensure all appropriate staff aware of the procedures and appropriate contacts within IT.	Business as usual through any system failure.	Tom Cowan; Susan Devlin; Graham Hossack; Liz Taylor	29 Apr 2010

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SC19	Emergency Planning 2	Ineffective business continuity planning.	Potential of disruption to service delivery. Availability of information to staff / professionals and impact on clients and service users.	Business Continuity Plan / Disaster Recovery Plan		9	Review existing practices for social care and wellbeing business continuity plans. Ensure staff are aware of the procedures and the appropriate contacts within the service. Appoint an individual to link with the Emergency Planning Officer.	Ability to put in place appropriate measures within minimal disruption to service delivery.	Tom Cowan; Susan Devlin; Graham Hossack; Liz Taylor	29 Apr 2010
SC20	Failure to meet requirements as outlined in Management of Offenders Act (Scotland) 2005 and associated MAPPA Guidance	Lack of awareness among staff. Lack of procedures. Failure to identify relevant cases to which guidance applies. Poor communication with and between agencies.	Failure to meet national standards for supervision of offenders. Risk Management plans not implemented. Increased risk of re-offending and serious harm.	All CJSW staff have input on MAPPA as part of induction. MAPPA co-ordinator has rolling programme of awareness raising sessions across all agencies. CJSW has established month on month quality assurance framework that includes a sample of MAPPA cases. All level 2 cases reviewed 12 weekly (with 4 weekly core groups). Detailed minutes / risk management plans circulated to all relevant agencies with actions. Risk Management Co-ordinator attends (chairs) Multi-Agency Operational Group - bi monthly meetings. Head of Service attends NJCA Multi-Agency Strategic Group - quarterly meetings. Each level 2 review actively and consider whether the case raises any strategic issues.		4	Maintain existing measures. Risk Management Co-ordinator to review / update local guidance for CJSW staff in April 2010. Strategic group to agree action plan from SWIA/HMIC/HMIP. Joint thematic inspection of "High Risk of Harm" offenders.	Quarterly Quality Assurance Report - PIs include timescales of meetings, key attendance etc. CJSW monthly Quarterly Assurance reports to Improvement Board.	Fred McBride; Mark Simpson	29 Apr 2010

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				MAPPA co-ordinator produces quarterly Quality Assurance reports reviewed by both groups. Risk Management Co-ordinator maintains a secure list of all MAPPA cases - cross checked with police monthly. CJSW Risk Assessments input on VISOR by MAPPA admin team. Mechanism in place for any agency to submit a "change in risk" notification which in turn would trigger a review. Dedicated SOLO in place for housing liaison. Aberdeen City C&FSW Team Manager is standing regular member of operation group.						