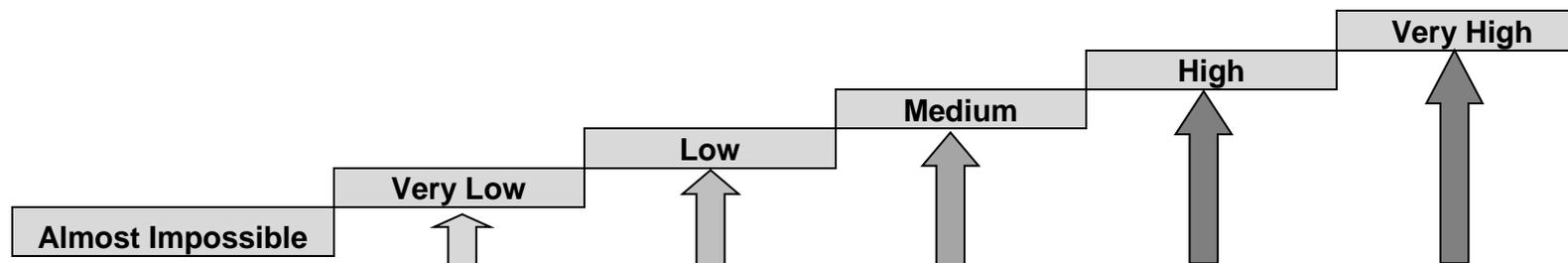


# Swindon Safeguarding Adult Board's Risk Register 2018-21

This Risk Register is linked to the 3-year Strategic Plan 2018-21 and reflects the Board's priorities for the year 2018/19 in order to manage the risks that may prevent the delivery of the Plan. The register is a dynamic document and will therefore be adjusted over time to ensure the Board is properly managing strategic safeguarding risks throughout the year.

**Approved 26.4.18**  
**Last Reviewed 26.4.18**

The identification and categorisation of risks is based on the assessment of the Probability (likelihood) and Consequences (impact) of the potential risk using the criteria listed below. The **Likelihood** is assessed on a continuum ranging from Almost Impossible to Very High dependant on the degree of probability.



The **Impact** should the risk occur can be assessed by using the consequence criteria below that relate to safeguarding. It should be noted that this is a guide only and other considerations may be necessary.

<b>Negligible</b>	<b>Substantial</b>	<b>Critical</b>	<b>Extreme</b>
No actual injuries to a vulnerable adult	Medical treatment required - long-term injury to a vulnerable adult	Extensive, permanent injuries, long-term to a vulnerable adult	Death of a vulnerable adult
No significant disruption to service capability	Short-term disruption of service capability	Short-term loss of service capability	Medium term loss of service capability
Unlikely to cause any adverse publicity	Needs careful public relations	Adverse local publicity	Adverse national publicity
Unlikely to cause complaint/litigation	High potential for complaint, litigation possible	Litigation/public challenge to be expected	Litigation/public challenge almost certain and difficult to defend
Potential harm not identified due to individual poor practice	Harm not identified due to persistent poor practice by individuals	Harm not prevented due to endemic failure of management oversight/ tackling incompetence	Whole system failure
Breaches of local procedures/ standards by employees	Breaches of professional regulations/ standards by employees	Breaches of the law by employees	Breaches of the law corporately/ systemic

## Evaluation of Risk – Likelihood and Impact Matrix

### Likelihood

<b>Very High</b>	9	19	21	24
<b>High</b>	8	12	20	23
<b>Medium</b>	4	11	15	22
<b>Low</b>	3	10	14	18
<b>Very Low</b>	2	6	13	17
<b>Almost Impossible</b>	1	5	7	16
	<b>Negligible</b>	<b>Substantial</b>	<b>Critical</b>	<b>Extreme</b>

High 19 – 24	Unacceptable Risk: Immediate control/improvement required
Medium 8 – 18	Acceptable Risk: Close monitoring and cost effective control improvements sought.
Low 1 – 7	Acceptable Risk: Need regular review, low cost control improvements sought if possible.

### Impact

The use of the traffic lights system (Red, Amber, Green) and the numbering of the segments (1 to 24) help to prioritise the identified risk.

Risk No.	Description (Causal factor)	Actions to Address Risk	Assessment	Likelihood (pre/ post controls)	Impact	Rating	Accountability
1 <i>Priority 1</i>	<b>Resources</b> Insufficient resources to undertake Board work and cumulative negative impact of financial cuts on safeguarding arrangements  ➤ Vulnerable adults may be put at risk	<ul style="list-style-type: none"> <li>• New structure being implemented</li> <li>• Business case drawn up for dedicated management and admin support for the Board, and discussions underway with statutory partners to fund this</li> <li>• Work more collaboratively with Wiltshire and BANES Boards as appropriate</li> <li>• Some shared partnership funding obtained</li> <li>• Monitor cumulative impact of financial cuts</li> </ul>	Uncontrolled	Very High	Critical	Red 20	Chair/all Board members
			Current with mitigating actions:	High	Critical		
2 <i>Priority 2</i>	<b>Increased demand</b> Number/proportion of inappropriate referrals not reduced or rise, and are inconsistent  ➤ System overload with potential to miss a major risk	<ul style="list-style-type: none"> <li>• Monitor referrals and Board scrutiny of data each meeting</li> <li>• Monitor demand on ASC</li> <li>• Identify specific issues for agencies and hold them to account to reduce inappropriate referrals</li> <li>• Use comparative data to improve practice</li> </ul>	Uncontrolled	Very High	Critical	Amber 12	All Board member agencies
			Current with mitigating actions:	High	Substantial		
3 <i>Priority 2&amp;4</i>	<b>Quality Workforce</b> Insufficient trained staff to work to a high standard and provide quality services  ➤ Vulnerable service users at risk	<ul style="list-style-type: none"> <li>• Improved monitoring of provider services</li> <li>• New commissioning arrangements within SBC/Health looking at KPIs</li> <li>• Strengthen ties with CQC and develop/improve attendance at Providers Forum</li> <li>• Seek assurance that relevant staff in all agencies are confident and knowledgeable about safeguarding</li> <li>• Provide and monitor quality and attendance at training events</li> <li>• Effective QA processes in place including audits</li> </ul>	Uncontrolled	Very High	Critical	Amber 12	All Board member agencies
			Current with mitigating actions:	High	Substantial		

Risk No.	Description (Causal factor)	Actions to Address Risk	Assessment	Likelihood (pre/ post controls)	Impact	Rating	Accountability
4 <i>Priority 1</i>	<b>Partnership engagement</b> Lack of shared responsibility for effective service delivery and poor engagement levels ➤ ASC overloaded and Board business not completed, raising the potential for more incidents	<ul style="list-style-type: none"> <li>• Attendance levels monitored</li> <li>• Induction process for new members in progress</li> <li>• Revision of sub groups undertaken and now being implemented – two are being chaired by agencies other than ASC</li> <li>• Raised expectations of Board members to deliver the Strategic Plan</li> <li>• New service user engagement approach being trialled</li> <li>• SAR action plan being implemented</li> </ul>	Uncontrolled	Very High	Critical		Chair
			Current with mitigating actions:	Medium	Critical	Amber 15	
5 <i>Priority 2</i>	<b>Consistency of practice and safe service delivery</b> Inconsistent practice and failure to deliver effective services not centred on individual needs (MSP) ➤ Vulnerable adults at risk and increase in SARs	<ul style="list-style-type: none"> <li>• Training strategy in place</li> <li>• Delivery of training courses</li> <li>• Data to be collected from agencies regarding training attendance levels and impact on practice</li> <li>• Ensure all staff are aware of their responsibilities to properly safeguard service users</li> <li>• Communicate SAR learning including national lessons</li> <li>• Develop a positive learning environment and sense of accountability for effective service delivery</li> </ul>	Uncontrolled	Very High	Critical		All Board member agencies
			Current with mitigating actions:	Medium	Critical	Amber 15	
6 <i>Priority 1</i>	<b>Data Protection</b> Recording 3 <sup>rd</sup> party information without consent ➤ Board and Agencies open to prosecution and litigation	<ul style="list-style-type: none"> <li>• Data protection policy agreed and in place</li> <li>• Board and Agencies understand the legal parameters</li> <li>• Board and Agencies comply with the new GDPRs, balancing this with the need for effective risk management of potential neglect and abuse</li> </ul>	Uncontrolled	High	Critical		All Board member agencies
			Current with mitigating actions:	Medium	Substantial	Amber 11	