Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

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Risk Management Quarterly Update – Q2 2021/22

Purpose of Report:	The purpose of this report is to provide an update to the IJB Finance, Audit and Scrutiny Committee on the status of the risk registers being maintained within the Glasgow City Health and Social Care Partnership. This report covers the review carried out in October 2021 in respect of changes to risk in the quarter ending September 2021.

Background/Engagement:	The risk registers maintained within the Partnership are required to be regularly reviewed and updated by the relevant risk owners and risk managers and reported to this Committee on a quarterly basis.

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note this report; and b) note the current highest risks on the Integration Joint Board, Social Care and Health Risk Registers.

Relevance to Integration Joint Board Strategic Plan:
Risks to the delivery of the Strategic Plan are identified in the IJB Risk Register

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The maintenance of a risk management framework within the Partnership aligns with Outcome 9 (Resources are used effectively and efficiently in the provision of health and social care services).

Personnel:	Risks with a potential impact on staff are identified in the risk registers.

Carers:	N/A

Provider Organisations:	Risks in relation to Provider Organisations are identified in the risk registers.

Equalities:	N/A

Fairer Scotland Compliance:	N/A

Financial:	Risks with a potential financial impact are identified in the risk registers.

Legal:	Risks with a potential legal impact are identified in the risk registers.

Economic Impact:	N/A

Sustainability:	N/A

Sustainable Procurement and Article 19:	N/A

Risk Implications:	N/A

Implications for Glasgow City Council:	Risk implications to Glasgow City Council are detailed in the Social Care risk register

Implications for NHS Greater Glasgow & Clyde:	Risk implications to NHS GGC are detailed in the Health risk register

1.   **Purpose**

1.1.   The purpose of this report is to provide an update to the IJB Finance, Audit and Scrutiny Committee on the status of the risk registers being maintained within the Glasgow City Health and Social Care Partnership.

1.2.   This report covers the review carried out in October 2021 in respect of changes to risk in the quarter from 1 July 2021 to 30 September 2021.

2.   **Integration Joint Board Risk Register**

2.1.   The Integration Joint Board Risk Register is maintained, updated and reported in line with the Glasgow City IJB Risk Management Policy.

2.2.   There were no existing risks where the current risk level increased or decreased during Q2

2.3.   There were no risks added or removed from this risk register during Q2

2.4.   At the conclusion of the October 2021 review there were **10** live risks on the register, with **2** risks having a current risk level of 'Very High', **5** risks with a risk level of 'High', **2** risk with a risk level of 'Medium' and **1** risk with a risk level of 'Low'

2.5.   All risks with a current risk level of 'Very High' or 'High' are reviewed every quarter, and are shown in Appendix A

2.6.   Risks with a current risk level of 'Medium' or 'Low' can be reviewed less regularly in line with the risk management policy. All of these were reviewed this quarter.

2.7.   The next quarterly review of the IJB Risk Register is scheduled to be carried out in January 2022.

3.   **Social Care Risk Register**

3.1.   The Social Care Risk Register is maintained, updated and reported in line with the Glasgow City Council Risk Management Policy and Guidance. It should be noted that the Council uses different criteria for risk scoring, therefore risks assessed as Very High by the Council may not be by the IJB and NHS GGC.

3.2.   There were two new risks added to the register in Q2.

- *Ref 1667: Alcohol and Drug Recovery Services – DAISy Assessments*. This risk is 'High' and has been added due to the Carefirst to DAISy (Drug and Alcohol Information System) interface still being developed and the interim arrangement to carry out the data transfer is a resource intensive manual process. As the data is reportable to the Scottish Government within a set deadline then there is a risk of not completing in a timely manner or that data held on the systems is out of sync.
- *Ref 1614*: *EquipU supply and stock issues.* This risk has been added as 'Very High' as this risk is currently occurring. The impact of COVID 19 and Brexit has led to freight costs increasing significantly, shortage of raw materials and shortage of HGV drivers.

3.3.   There have been no risks removed from this register during Q2.

3.4.   No risks on this register increased during Q2.

3.5.   One risk decreased during Q2:

- *Ref 546: Disruption to HSCP services.* The control actions for this risk have been updated with the current business continuity management arrangements within the HSCP. The residual likelihood of this risk occurring has been reduced from 5 (almost certain) to 4 (likely) to reflect the amount of contingency planning activity that has taken place in the HSCP during 2021, particularly ahead of the COP26 event. The risk remains as Very High, but at the lower end of this rating.

3.6.   At the conclusion of the October 2021 review there were **31** 'live' risks on the register, with **15** risks having a current risk level of 'Very High, **7** risks with a risk level of High, **6** with a risk level of Medium and **3** risks with a risk level of 'Low'.

3.7.   All risks with a current risk level of 'Very High' or 'High' are reviewed every quarter, and displayed in Appendix A

3.8.   Items with a current risk level of 'Medium' or 'Low' can be reviewed less regularly in line with the risk management policy. All of these items were reviewed this quarter.

3.9.   The next quarterly review of the Social Care Risk Register is scheduled to be carried out in January 2022.

4.   Health Risk Register

4.1.   The Glasgow City Health Risk Register is currently maintained, updated and reported in line with the NHS GGC Risk Management Policy, and collates the most significant risks as identified in locality and service risk registers. The register was last reviewed in September 2021.

4.2.   There were no risks added or removed to the Health Risk Register since the last Quarterly review.

4.3.   There were no risks where the current risk level increased since the last Quarterly review.

4.4.   There was one risk where the current level decreased since the last Quarterly review.

- *Ref 2918 Waiting time – vasectomy:* has been decreased from 'Very High' to 'Moderate'. There are now six clinics per week and the service is catching up with patient backlog.

4.5.   The risks on the Health Risk Register that were 'Very High' and 'High' after the September 2021 review are shown in Appendix A.

4.6.   The next quarterly review of the Health Risk Register is scheduled to be carried out January 2022.

5.   Recommendations

5.1.   The IJB Finance, Audit and Scrutiny Committee is asked to:

    a)   note this report; and
    b)   note the current highest risks on the Integration Joint Board, Social Care and Health Risk Register.

IJB Risk Register													
				Initial Risk Level						**Current Risk Level**			
Ref	Title	Description of Risk	Risk Owner	Consequence	Likelihood	Risk Rating	Risk Level	Control Actions	Consequence	Likelihood	Risk Rating	Risk Level	Latest Update
524	Level of savings required in 2019/20 and beyond	RISK: Inability to deliver appropriate level of essential services due to required level of savings CAUSE: Required level of savings in the Budget Service Plan in 2019/20 and beyond EFFECT: Unable to meet demand for services, failing to ensure safety and prevent harm to service user, failing to meet statutory requirements, failing to deliver part or all of the Strategic Plan	Sharon Wearing	4	5	20	**Very High**	• Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB • Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets • HSCP will actively engage with Partner Bodies in budget planning process for 2019-20 and beyond identifying dependencies and risks associated with any proposals. • Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored. • A financial tracker on covid-19 related expenditure (as part of the Local Mobilisation Plan) is updated on a 4 weekly basis, and submitted to the Scottish Government every 4 weeks.	4	5	20	**Very High**	October 2021 - No change to risk
943	Delivery of 2020-21 Savings Targets	RISK: Unable to deliver 2020-21 savings targets CAUSE: Due to key resources being diverted to responding to COVID-19 and the impact COVID-19 is also having on demand, areas targeted for delivery of savings in 2020-21 are now at risk EFFECT: Savings targets will not be deliverable resulting in overspends occurring in 2020-21 and beyond	Sharon Wearing	4	5	20	**Very High**	• Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB • Delivery of savings will continue to be tarcked and monitored by the Transformation Programme Board • HSCP will actively engage with the Scottish Government on the impact of responding to COVID-19 • Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored	4	4	20	**Very High**	October 2021 - No change to risk
512	Delivery of Strategic Plan within budget	RISK: The IJB is unable to budget within allocated resources CAUSE: Cost of delivery is higher than budgeted resources made available EFFECT: The IJB is unable to deliver on the Strategic Plan	Sharon Wearing	4	5	20	**Very High**	• The Integration Scheme details the actions to be taken in the event of this and furthermore the contingency arrangements should parent bodies be unable/unwilling to provide additional funding • Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets • Governance / reporting mechanism for Transformation Programme in development • Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB • The impact of responding to COVID-19 on delvery of the Strategic Plan will continue to be assessed. • As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expended membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staffside. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and again has Trade Union and Staffside representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet	4	4	16	**High**	October 2021 - No change to risk

				Initial Risk Level						Current Risk Level				
								IJB Risk Register						
Ref	Title	Description of Risk	Risk Owner	Consequence	Likelihood	Risk Rating	Risk Level	Control Actions	Consequence	Likelihood	Risk Rating	Risk Level	Latest Update
513	Resources required for integration	RISK: The organisation cannot support the volume of resource required to establish effective integrated arrangements CAUSE: Staff and key individuals with existing operational roles and responsibilities are diverted to integration activities. Further to this, there is a challenge to recruit staff EFFECT: Existing organisational priorities and delivery are delayed or compromised, resulting in not delivering Strategic Plan	Sharon Wearing	4	4	16	**High**	• Workload and resource monitoring continues to be undertaken across the partnership (for example, through one-to-one supervision) • Ongoing review of support (including work undertaken and resources being used) required for integrated arrangements • Workforce Planning sub-group meets fortnightly to review workforce planning matters (including requests to fill vacancies) • Implications of the need to re-divert resources to respond to COVID-19 on the ability to continue progress on integration of services will continue to be monitored. • As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expended membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staffside. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and again has Trade Union and Staffside representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and	4	4	16	**High**	October 2021 - No change to risk
934	Deliverability of Primary Care Improvement Plan (PCIP)	RISK: Failure to deliver transformation of Primary Care services as specified in the Primary Care Improvement Plan (PCIP) CAUSE: Affordability, shortage of resources (qualified staff, suitable accommodation), lack of appropriate digital solution to support plan, unable to mainatin sustainability, unable to quantify evidence of impact EFFECT: Impact on the delivery of the IJB's Strategic Plan and priorities resulting in negative impact on service users and patients and possible reputational or financial impact to the IJB	Susanne Millar	4	4	16	**High**	A number of measures being taken to mitigate the lack of qualified staff include: Phasing recruitment Making local vacancy approval processes more efficient Developing alternative skill mix models Recruiting into trainee posts and supportung less experienced staff to obtain necessary experience.	4	4	16	**High**	October 2021 - No change to risk

				Initial Risk Level						Current Risk Level				
				IJB Risk Register										
Ref	Title	Description of Risk	Risk Owner	Consequence	Likelihood	Risk Rating	Risk Level	Control Actions	Consequence	Likelihood	Risk Rating	Risk Level	Latest Update
942	Financial Implications of Responding to COVID-19	RISK: The organisation does not receive sufficient funding to fully meet the costs of responding to COVID-19 CAUSE: If Scottish Government funding is not received at the IJB's assessed required level. EFFECT: If full funding is not received this will impact on the funding available to deliver on the IJB's Strategic Plan and the delivery of core services to service users.	Sharon Wearing	4	4	16	**High**	•All costs associated with responding to COVID-19 are being tracked •IJB is actively engaging with Scottish Government and providing regular updates on the associated costs •Governance arrangements are in place re approval and monitoring of costs •IJB is actively engaging with third and independent sector in relation to their associated costs. •A financial tracker on covid-19 related expenditure (as part of the Local Mobilisation Plan) is updated on a 4 weekly basis, and submitted to the Scottish Government every 4 weeks. •Scottish Government Covid funding received for 2020/21	3	4	12	**High**	October 2021 - No change to risk

Social Care Risk Register															
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
1596	Mental Health Officer shortage	RISK: Pressure on MHO activity due to on-going vacancies and staff turnover CAUSE: Issue due to recruitment authorisation process/PVG/reference checks and is under constant review. Workforce data shows high turnover is impacted by number of staff having MHO status who can retire at 55 and are opting to do so EFFECT: This is likely to continue to impact over next 2 years when all staff with MHO pension status will have gone. Universities only have one intake a year so availability of newly qualified staff is more limited	Jackie Kerr	5	5	25	Very High	• MHO pressures in Social Work, this is due to increased demand and ability to recruit • We are encouraging existing staff to undertake MHO training and attempting to recruit additional staff and reviewing our duty system	5	5	25	Very High	October 2021 - No change to risk
559	Impact of Welfare Reform on demand for services	RISK: There is an increased demand for social work services due to Welfare Reform, COVID19 related financial hardship and the roll-out of new Scottish Benefits. CAUSE: Implementation of welfare reforms including benefit cap and universal credit. Financial hardship related to COVID19. Knowledge deficit around new Scottish Benefits EFFECT: Increased deprivation for citizens, reduced ability to meet demands on our services	Susanne Millar	5	5	25	Very High	• Contribution to the corporate welfare reform group and benefit cap working group. • Effective communications with service users and other stakeholders • Welfare Rights advice and support given to 437 referrals from those who were shielding because of COVID19. • Process of engaging with service users who have Social Security tribunals enhanced to prepare and support them with the COVID19 move to video and telephone hearings. • Welfare Reform training delivered to HSCP staff and 3rd sector and provided via Microsoft Teams. • Training on Social Security system and referral pathways given to Glasgow Helps staff supporting those struggling financially due to COVID19. • Monthly briefings on Universal Credit sent to Welfare Rights Officers/Money Advisors. • Training widely provided on changes impacting EEA Nationals and scope and timetable of roll-out of new Scottish Benefits	4	5	20	Very High	October 2021 - No change to risk
567	Impact of National Abuse Inquiry	RISK: that the Scottish Child Abuse Inquiry could result in adverse legal, financial, reputational and operational impacts to the Service. CAUSE: These could arise from: - being unable to provide historical information requested by the Inquiry being perceived as the Service being ineffective or deliberately obstructive - the level of resources required to provide an appropriate response to the Inquiry's initial information request not being available/sustainable without impact on business as usual activity - an increase in claims for compensaton being made due to increased media coverage of the Inquiry's processes - staff and service users required to provide evidence experiencing an adverse emotional impact as a result of recalling experiences which were, or perceived to be, traumatic. EFFECT: Reputational damage, financial/cost implications	Susanne Millar	4	5	20	Very High	• Internal team established to manage our input to the Inquiry. This team will liaise with the PR office accordingly. • Internal team includes legal representatives in order that we manage any claims. • Ongoing monitoring and review of resources utilised to facilitate the Inquiry. • Existing employee support mechanisms through HR. • Existing health and social care support services for service users.	4	5	20	Very High	October 2021 - No change to risk

				Social Care Risk Register												
Ref	Title	Description of Risk	Risk Owner	**Initial Risk Level**				Control Actions	**Current Risk Level**				Latest Update
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
569	Unsuitability or failure of ICT systems	RISK: ICT systems used by SWS, and in particular ex-Cordia systems, for the delivery of statutory duties are not fit for purpose or are bespoke and not maintained CAUSE:Glasgow City Council arrangements with CGI for the provision of ICT don't meet the specific needs of Social Work Services, ex-Cordia IT staff now in CGI are moved to non-Cordia system work or leave the organisation resulting in loss of expertise and system knowledge. EFFECT: impact on delivery of statutory duties, service users/public/vulnerable people come to harm, significant reputational, financial and operational harm to the organisation, efficiency savings become more difficult to achieve.	Allison Eccles	4	5	20	**Very High**	• The Strategic Innovation and Technology Team (SIT) has been established by GCC to oversee the contract with CGI. • An HSCP Business Partner to SIT has been appointed. • The contract is based on Output Based Specifications (OBSs) and there are OBSs for key systems (including careFirst, iWorld and LS/CMI) and all other ICT provision. • There is a transformation programme to significantly improve a number of technologies. The Governance structures for ICT and Digital are being reviewed in light of the change in ICT contract and HSCP requirements. • An interim business case has been approved for a replacement for careFirst which has systems for Home Care in scope, these being prioritised for implementation.	4	5	20	**Very High**	October 2021 - No change to risk
546	Disruption to HSCP services	RISK: Failure of, or disruption to, facilities, infrastructure or staff affecting delivery of mainstream and out-of-hours services. CAUSE: Exceptional, one-off and unexpected events leading to loss of staff, loss of building, loss of access to building, loss of supplier or loss of infrastructure. EFFECT: service users across the city don't receive a service for a period of time that leads to reputational, financial, legal and/or public protection impact.	Susanne Millar	4	5	20	**Very High**	• Industrial Relations Strategy in place • Monthly meetings at Director level with senior Trade Union officials • Business Continuity Reps identified in each service area • The HSCP Business Continuity Forum is chaired by the Council's BCC Champion (Head of Business Development) and is attended by representatives from all HSCP services. The Forum is currently meeting monthly in advance of COP26 scheduled for November 2020. • Business Impact Analyses have been reviewed and completed across the HSCP • Business Continuity Plans for localities have been reviewed and completed across the HSCP • Executive Group has assumed role of SIMT and has increased frequency since March 2020 in response to the covid-19 pandemic and the impact on services. • As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expended membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staffside. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and	4	4	16	**Very High**	October 2021 - Residual likelihood has been reduced from 5 (almost certain) to 4 (likely) to reflect work undertaken by the HSCP BC Forum in 2021, in particular contingency planning activity ahead of the COP26 event. This will be reviewed again in Quarter 3
552	Failure to deliver Budget & Service Plan and service reform outcomes	RISK: the Department's service reform and Budget and Service Plan programmes fail to deliver the required outcomes in terms of delivery of statutory duties; service modernisation and financial savings. CAUSE: EFFECT: necessitating potential drastic and unplanned cuts in order to realise the savings requirements thereby leaving services and service users vulnerable.	Sharon Wearing	4	5	20	**Very High**	• Fortnightly Integration Transformation Board meetings • Weekly Executive Group meetings to approve critical progress issues • CSWO led SMT's in both Adult and Children and family Services review and progress • Performance Management Framework incorporating City-wide, local and care group performance reporting • Regular planned and structured liaison with providers re: changes • Service User engagement • Trade Union liaison at strategic and local levels	4	4	16	**Very High**	October 2021 - No change to risk

Social Care Risk Register															
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update		
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level			
568	Workforce planning/reduction	RISK: that reduced staffing levels and loss of skilled staff might compromise the Service's ability to deliver services and carry out its statutory duties, including: - Services to LA and LAAC children; - MHO duties; - Duties under S22 of the Children Scotland Act 1995; - Provision of children's hearings reports and reports to Court; - Duties in relation to Adults with Incapacity legislation; - Duties in relation to S12 of the Social Work Scotland Act 1968. CAUSE: number of vacant posts. turnover of staff, length of time taken to recruit staff across both GCC and NHS GGC EFFECT: service users not receiving services they're entitled to, and which leaves them at increased risk.	Susanne Millar	4	5	20	**Very High**	• Trade Union liaison at strategic and local levels. • HSCP Workforce Planning Sub-group and Board chaired by Chief Officer (Finance & Resources) which feeds directly into the Executive Group and Leadership Team. It comprises Chief Officer (Planning, Strategy & Commissioning/CSWO), Chief Officer (Operations) and HR reps from SWS and NHS. Chief Officer (Planning, Strategy & Commissioning/CSWO) advises group of any potential risks in relation to staffing reductions. • Local performance management and supervision systems in place. • Workforce planning arrnagements for care groups being finalised. • Training and development programme for MHOs in place. • New AWI protocols agreed at HSCP and SWS Governance Groups • Regular updated workforce planning monitoring reports (by Locality) for all care groups in place.	4	4	16	**Very High**	October 2021 - No change to risk		
566	Loss of access to VISOR	RISK: Service loses access to Visor CAUSE: changes to the vetting requirements for new and existing VISOR users at a national level which are incompatible with current recruitment and employment policies EFFECT: the service is less able to manage offenders who pose high risk of serious harm to the public, with subsequent legal and reputational on the service.	Susanne Millar	4	4	16	**Very High**	• Issue highlighted to Glasgow's Public Protection Chief Officers Group • Impact report completed by Social Work Scotland and further national work under consideration • Legal advice taken by HR advising no change to recruitment or employment policies • Sufficient staff currently vetted and able to make use of system in collaboration with MAPPA partners and responsible authorities	4	4	16	**Very High**	October 2021 - No change to risk score. Update made to the description and mitigation and control due to current situation around VISOR.		
590	Increased Care Services absence levels	RISK: If staff absence rates increase beyond target levels then staffing levels will become critical CAUSE: Staff absence levels. Risk is enhanced due to ageing profile of workforce, the equal pay settlement and the impact of covid-19 including staff required to shield or self-isolate. EFFECT: Impact on capacity to deliver services, impact to financial budgets to achieve acceptable levels of service delivery.	Frances McMeeking	4	4	16	**Very High**	• Attendance Managment team established within HR. This team details all aspects of absence management, including the control and recording of all data in relation to absence. • Management Information Systems detail reports to cover all aspects of absence management process. In addition, case reviews are held regularly. • Management of Absence Action Plan plots progress in developments in this area and is reviewed annually. • Heads of Service have established an attendance management group to review strategy and recommend updates and improvments with target for action plan • Full briefing on new absence policy has been delivered via Toolbox Talks with supervisory and management staff. • Data cleansing of attendance levels has been carried out • Equal Pay project has reducing absence as an objective and is included in the group's action plan. • As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expended membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staffside. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and	4	4	16	**Very High**	October 2021 - No change to risk		

Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Consequence	Likelihood	Risk Rating	Risk Level		Consequence	Likelihood	Risk Rating	Risk Level	
								Social Care Risk Register					
553	Failure of MAPPA arrangements	RISK: Glasgow MAPPA arrangements fail CAUSE: Procedures not followed; staff not appropriately trained; information security breach EFFECT: risk of harm to Glasgow citizens from registered sex offenders; reputational/legal/financial impact to organisation.	Susanne Millar	5	4	20	**Very High**	• City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice. • MAPPA Strategic Oversight Group meets every 3 months • MAPPA Operational Group meets every 6 weeks • MAPPA national guidance • Multi agency Risk Register in place and standing item on the agenda of both meeting structures • NASSO meeting every quarter with RSL providers • Memorandum of Understanding in place between statutory agencies and reviewed annually • Large scale Hampden event Feb 2020 with key partners sharing practice Additional training now rolled out	5	3	15	**Very High**	October 2021 - No change to risk
554	Failure of Child Protection procedures	RISK: failure in the implementation of Child Protection procedures and arrangements CAUSE: Procedures are ineffective; procedures are not followed; staff not appropriately trained; information security breach; lack of/ineffective governance EFFECT: increased and/or avoidable risk/harm to children and/or young people	Susanne Millar	5	4	20	**Very High**	• Child Protection Committee and sub groups meet regularly • Local area CP forums in place • Quarterly meeting of Chief Officers group • Management information produced and reviewed monthly at CP Quality Assurance Sub-group • 1/2 yearly LMR process overseen and coordinated by CP team • ASM structure providing QA, monitoring and objectivity to local practice • Robust single agency and multi agency training programme in place • Weekly contingency planning arrangements with Heads of Service • Home visit guidance issued • Weekly data collation illustrating demands/trends	5	3	15	**Very High**	October 2021 - No change to risk
555	Failure of Adult Protection procedures	RISK: failure in the implementation of Adult Protection procedures and arrangements CAUSE: Procedures are ineffective; procedures are not followed; staff not appropriately trained; information security breach; lack of/ineffective governance EFFECT: increased or avoidable risk/harm to vulnerable adults; reputational/legal/financial implications	Susanne Millar	5	4	20	**Very High**	• Adult Protection Committee and sub groups in place • Local Area Adult Protection Forums and multi-agency Local Management Reviews embedded • Quarterly meeting of Chief Officers Group • ASP management information produced and reviewed quarterly at Adult Services Core leadership and Older People's clinical and care governance meetings • ASM structure and multi-agency traiing programme in place • Quality Assurance sub group of Adult Support and Protection Committee now in place, which monitors the work plan and highlights areas for further consideration • Home visit guidance issued • Weekly data collation illustrating demands/trends	5	3	15	**Very High**	October 2021 - No change to risk

Social Care Risk Register														
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level					Latest Update
				Consequence	Likelihood	Risk Rating	Risk Level		Consequence	Likelihood	Risk Rating	Risk Level		
565	Financial challenges for external providers	RISK: The financial challenges faced by some provider organisations (in particular those providing sleepovers and those delivering care at a low historical rate - at or below £15.20) and the requirement for them to provide the Scottish Living Wage has the potential to render them financially unviable and result in them exiting the market. CAUSE: Increasing costs on providers due to increasing pension, NLW and SLW and sleepover liabilities coupled with diminishing social care budgets available from contracting authorities. Increased costs due to the COVID-19 pandemic. EFFECT: If providers exited the marker service users would be impacted due to enforced change of service provider – potentially with little or no notice. There may not be sufficient availability across other providers and whether they can take the work on at relatively short notice due to the recruitment and retention issues in social care. Where accommodation are support are linked this could result in the service user losing both their home and familiar support. There may be an increased financial cost to the partnership as a result of this market change, there will also be a need for increased care management and commissioning activity. A further potential resource impact is that there will be a need for additional Care Management and	Allison Eccles	5	3	15	**Very High**	•We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. •We continue to ensure timeous regular payment to provider organisations - We have offered 3 SLW increases across all of the purchased service contracts on condition of payment of the SLW including for Sleepovers. - We continue to ensure that the payment of the additional funding for the Scottish Living Wage is made timeously •Work is continuing on the rollout of the transformational change programme on overnight supports to support the reduction of the reliance on sleepover support. • outcome of the Appeal of legal rulings on sleepover will be considered by legal and the with any necessary actions undertaken. • As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group that reports to both the NHS Strategic Executive Group and a national Care Home Oversight Group. In Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Chief Officer, that monitors and reviews output from safety huddles that cover both directly provided and purchased care homes. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements	5	3	15	**Very High**		October 2021 - No change to risk

				Social Care Risk Register											
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update		
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level			
978	Failure of Provider(s) due to COVID-19	RISK - Social Care providers significantly impacted by the COVID-19 pandemic and are unable to continue operating. CAUSE- Providers are operating under unique and significantly detrimental conditions including continuity of service being disrupted due to having to focus on priority services only, there are increased infection control measures and associated costs, there is increased staff absence and associated costs, there is reduced availability of back-up staff and maintenance of each service becomes increasingly difficult. In addition the increased reporting pressures are stretching limited resources. EFFECT – Providers may be unable to safely staff services which could lead to risk of harm to service users, and failure of the provider. This could lead to significant financial, legal and reputation harm to the HSCP.	Susanne Millar	5	3	15	Very High	•The HSCP Executive Group is leading the Partnership response, and enhanced governance arrangements have been put in place across the HSCP and GGC apply to both purchased and directly provided care homes. • Ongoing adherence to COSLA guidance for commissioners during this period and financial support being introduced in a measured way. • As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group.in Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Chief Officer, this monitors and reviews information from various sources. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements. • As part of the business continuity management response to the covid-19 pandemic the HSCP firstly established additional governance arrangements for ensure senior management retain appropriate oversight and decision making capacity. A Local Resilience Management Team was initially established at the beginning of lockdown this has moved to an Operational Recovery Group. This group reviews and approves all recovery plans for services and has Trade Union and Staffside representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council.	5	3	15	Very High	October 2021 - No change to risk		
1614	EquipU supply and stock issues	RISK: There is a risk of delays and disruption to the EquipU supply chains. CAUSES: Impact of COVID-19 and Brexit has led to freight costs increasing significantly, shortages of raw materials and shortage of HGV drivers. EFFECTS: Increased costs, prolonged periods where certain types of equipment are unavailable which could impact on high risk service users in the community and also impact on timey discharges from hospital.	Sharon Wearing	3	5	15	Very High	• EquipU store service meeting regularly to review the situation. • Store has increased stock levels on some items where possible and the EquipU Project Team are researching and sourcing alternative products where possible • Store and Council's CPU are regularly engaged with suppliers to establish supply chain stability and contingency plans, as well as in relation to price increase justifications • EquipU partners are updated regularly on issues associated with delays and disruption in supply chains. • Additional resources have been put into maximising recycled equipment from uplifts and fast-tracking equipment back into available stock • EquipU partners are updated regularly on issues associated with delays and disruption in supply chains. • EquipU partners have been request to consider prioritisation of affected products when undertaking assessments so service users with most critical needs are met, and also to minimise bulk orders where possible.	3	5	15	Very High	October 2021 - New risk added.		

Social Care Risk Register															
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
548	Failure of ICT security	RISK: Loss/misuse/breach of health and social care data within our responsibility CAUSE: IT system security failure, human error, hostile actor (internal or external) EFFECT: breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users affecting public and service user confidence	Allison Eccles	5	5	25	Very High	• Information Security Governance via Information Security Board. • Policies and guidance regularly updated and annual mandatory training provided via GOLD or leaflet. • Information sharing protocol with NHSGG&C has been updated and circulated for sign-off • All ICT developments progressed through project management methodology which includes risk logs and Data Protection Impact Assessments are undertaken as required. • The majority of devices are now encrypted and authorisation process in place for unencrypted devices. • Secure email and Objective Connect available for secure data sharing • Secure email blueprint (including TLS) now implemented • Protective Marking to be rolled out in SWS in 2019 • Site and Information Security Audit programme in place for SWS establishments and services • Containment process in place for accidental email breach • Staff briefings on data protection (GDPR) and information security briefings issued regularly • Use of is2a and/or is2b procedure and forms for staff removing data from offices • Temporary security policies put in place due to the impact of COVID-19 are reviewed on a 4 weekly basis by the Information Security Board	4	3	12	High	October 2021 - No change to risk
544	Failure to meet Health & Safety statutory requirements	RISK: Failure to meet statutory Health & Safety requirements CAUSE: Personnel fail to follow procedures; personal are not appropriately trained EFFECT: major loss of service through establishment fire, major catastrophe or infections; or singular catastrophic incidents which could result in death or serious injury of service users and/or staff.	Christina Heuston	5	4	20	Very High	• Service is a member of the Council's Asbestos Strategic Management Group that montors actions regarding the management of Asbestos. The Service has appointed a Health and Safety Co-ordinator who actively monitors the arrangements for the control of Asbestos, Service Control of Abestos Management Standard issues June 2014 • The Service has replaced a number of older buildings containing Asbestos with new buildings (asbestos banned from use in new buildings) reducing the possible esxposure. • Departmental Health & Safety Policy & manuals • Fire safety management system. • H&S risk assessment processes, e.g. fire, legionella, alarms etc. • H&S respond to all audit and inspection requirements. • Emergency procedures in place for all service user accommodation • Range of H&S training in place e.g. Fire Wardens, Manual Handling etc. • Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place. • Monitoring of claims. • Managing Violence at Work Policy Document and monitoring of Violent Incident reports, this monitoring has identified the need to review the Violence training for Fieldwork staff, this review is currently underway with a target date of 6 weeks • Legionella risk managed with the assistance of CGI.	4	3	12	High	October 2021 - No change to risk

				Social Care Risk Register										
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level					Latest Update
				Consequence	Likelihood	Risk Rating	Risk Level		Consequence	Likelihood	Risk Rating	Risk Level		
547	Impact of failure of third parties and partners	RISK: contractor/partner arrangements fail CAUSE: political and socio-economic factors; providers' financial position; failure to comply with regulatory/legislative changes EFFECT: failure to deliver services appropriately with a provider or other agencies leading to a failure to care/protect service users; increased demand on resources; financial implications.	Susanne Millar	4	5	20	Very High	• Contract Management Framework. • Contractor Risk Ratings Matrix. • Procurement activity undertaken in accordance with written agreed procedures. • All contractual arrangements over the approved thresholds referred to appropriate committee for approval. • Ensuring providers/other agencies have health and safety procedures/arrangements in place • Regular meetings with key providers regarding strategic provider related issues • As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group that reports to both the NHS Strategic Executive Group and a national Care Home Oversight Group. In Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Interim Chief Officer, that monitors and reviews output from daily safety huddles that cover both directly provided and purchased care homes. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements.	4	3	12	High		October 2021 - No change to risk

				Initial Risk Level						Current Risk Level				
				Consequences	Likelihood	Risk Rating	Risk Level	Controls		Consequences	Likelihood	Risk Rating	Risk Level	
Ref	Title	Description of Risk	Risk Owner											Latest Update
2801	First Aid at Work Certification for Page Holders	Pageholders First Aid at Work course is currently not available due to Covid and pageholders across Leverndale Hospital are due refresher training.	MacDonald, Colin	5	5	25	**Very High**	Interim measures being investigated. 23/12/20 - NO UPDATE AVAILABLE. 02/07/21 - Risk unchanged. 29/09/21 - Risk unchanged.		5	5	25	**Very High**	September 2021 - No change to risk score.
2889	Recruitment and retention of registered nurses Band 5	Shortage of Band 5 nurses across GGC inpatient and community. Staff retention is poor with quick and high turnover of staff. This is a national issue.	Cribbin, Lorraine	5	5	25	**Very High**	Use of Bank staff and Agency staff. 29/09/21 - x100 Newly Qualified Nurses Band 5 nurses taking up employment across services Sept-Oct 2021. Centralised external recruitment campaigns ongoing for recruitment of Band 5s for Mental Health inpatients and community services.		5	5	25	**Very High**	September 2021 - No change to risk score.
2890	Nursing Bank Fill rates	High demand from Mental Health inpatient sites on Nurse bank to backfill vacancies,absence and clinical risk,there can be a poor bank fill rate which then escalates to Agency. This is a national issue.	Cribbin, Lorraine	5	5	25	**Very High**	Staff asked to do additional hours with enhanced rate. Opened up to other staff groups i.e. Allied Health Professionals; Occupational Therapists/Social Care to help alleviate burden on ward. 29/09/21 - No change.		5	5	25	**Very High**	September 2021 - No change to risk score.
2901	Staff shortages - Psychotherapy	Recruiting right skill mix is an issue	MacDonald, Colin	5	5	25	**Very High**	29/03/21 Psychotherapy - reviewing skill mix; redesigning roles, offering training opportunities and looking at using different grades of staff. 02/07/21 - Risk unchanged. 29/09/21 - Risk unchanged.		5	5	25	**Very High**	September 2021 - No change to risk score.
2902	Staff shortages - Alcohol and Drug Recovery Services (ADRS)	Staff shortages of Band 5 /6 psychiatric nurses.	Gaffney, Kelda	5	5	25	**Very High**	29/03/21 - Use of bank staff. 02/07/21 - Trying to fill vacancies timeously citywide Support from Chief Nurse - Lorraine Cribbin to advertise "block booking " B5 bank staff (3 months). Support from Chief nurse - Lorraine Cribbin to advertise additional hours to those working in other services. Discussions ongoing via senior managers re alternative sources of support to mitigate risks of staff unavailability. Support from ADRS Practice Development Nurses to provide short notice ADRS induction to bank staff with limited experience. Utilising GCC and NHS absence management policies to support return to work where appropriate. **North East ADRS specific - Team Leads assertively contact previous ADRS employees to offer bank shifts.** 13/09/2021 - Agency social care staff being recruited for ten week period; additional driver capacity secured to support prescription deliveries.		5	5	25	**Very High**	September 2021 - No change to risk score.

Extract of HSCP/Health risks from Datix (29 September 2021)

				Initial Risk Level				Current Risk Level				
**Extract of HSCP/Health risks from Datix (29 September 2021)**
2903	Inpatient estate - Buildings	Poor accommodation and admitting capacity limited due to the estate being out of date and insufficient accommodation available.	MacDonald, Colin	5	5	25	**Very High**	29/03/21 - Issue has been escalated. Capital required to resolve. 02/07/21 - Risk unchanged. 29/09/21 - Risk unchanged.	5	5	25	**Very High**	September 2021 - No change to risk score.
2904	Inpatient estate - fixtures and fittings	Risk of harm to patients - ligature risks from fixtures and fittings. Risk to organisation - potential fines from the Health and Safety Executive. Highlighted in recommendations from Mental Welfare Commission Local Visit Reports.	MacDonald, Colin	5	5	25	**Very High**	29/03/21 - Local mitigation measures in place to review ligature points. 02/07/21 - Risk unchanged. 29/09/21 - Risk unchanged	5	5	25	**Very High**	September 2021 - No change to risk score.
2906	Disengagement/lack of contact service users	There is risk of disengagement or lack of contact with service users due to COVID; particularly within Alcohol and Drug Recovery Services (ADRS). There is lack of contact and face to face appointments. Risk of professions responding differently and this impacting upon other professions.	MacDonald, Colin	5	5	25	**Very High**	29/03/21 - Use of RAG to prioritise which patients should be seen. 02/07/21 - Risk unchanged. 29/09/21 - Risk unchanged.	5	5	25	**Very High**	September 2021 - No change to risk score.
3004	Staffing Shortages - Old Age Psychiatry	Staff shortages and recruiting people to post is an issue.	McCormack, Colin	5	5	25	**Very High**	Use of locums for Old Age Psychiatry. 29/09/21 - No change.	5	5	25	**Very High**	September 2021 - No change to risk score.
3005	Staffing Shortages - Psychotherapy	Recruiting people to post with the right skill mix is an issue.	McCormack, Colin	5	5	25	**Very High**	Psychotherapy - reviewing skill mix; redesigning roles, offering training opportunities and looking at using different grades of staff. 29/09/21 - No change.	5	5	25	**Very High**	September 2021 - No change to risk score.
3007	Inpatient Estate - buildings	Poor accommodation and admitting capacity limited due to the estate being out of date and insufficient accommodation available.	McCormack, Colin	5	5	25	**Very High**	Issue has been escalated. Capital required to resolve. 29/09/21 - No change.	5	5	25	**Very High**	September 2021 - No change to risk score.
3008	Inpatient Estate - fixture and fittings	Risk of harm to patients - ligature risks from fixture and fittings. Risk to organisation - potential fines from Health and Safety Executive. Highlighted in recommendations from Mental Welfare Commission Local Visits.	McCormack, Colin	5	5	25	**Very High**	Local mitigation measures in place to review ligature points. 29/09/21 - No change.	5	5	25	**Very High**	September 2021 - No change to risk score.
3084	Serious Adverse Event Reviews	Risk - lack of capacity to complete Serious Adverse Event Reviews's within timescales. Cause - lack of staff to undertake reviews/high volume of Serious Adverse Event Reviews's in system, including existing backlog. Effect - impact on outcomes for families affected; impact on system wide learning; and also meeting policy requirements.	Hayes, Janet	5	5	25	**Very High**	13/09/21 - Communications issued to consultants reminding them that consultants are not required to be lead reviewer but can be on review team; this will allow capacity from other professions to support the process. Psychology have offered assistance to lead reviews. Report being prepared to enhance admin support and to conduct an external review of process Board wide. Additional external reviewers being recruited to complete reviews. New Serious Adverse Event Reviews Clinical Support Lead post in place and will also support review teams with clearing backlog.	5	5	25	**Very High**	September 2021 - No change to risk score.

				Initial Risk Level					Current Risk Level				

<table>
<tr><td colspan="14" align="center">Extract of HSCP/Health risks from Datix (29 September 2021)</td></tr>
<tr><td></td><td></td><td></td><td></td><td colspan="4" align="center">Initial Risk Level</td><td></td><td colspan="4" align="center">Current Risk Level</td><td></td></tr>
<tr>
<td>3073</td>
<td>Adult Eating Disorder Inpatient beds</td>
<td>Risk - x4 Accident and Emergency Department beds within Armadale Ward does not meet demand. Patient care compromised across MH wards and Acute. Obs levels are unmanageable within wards, issues with errors with meal plans. Cause - Demands on staffing in Acute and Mental Health wards is significant for Accident and Emergency Department Beds patients. Effect - Obs levels unmanageable in general wards, staffing deficits are impacting capacity and treatment plans.</td>
<td>Gaffney, Kelda</td>
<td>5</td>
<td>4</td>
<td>20</td>
<td>Very High</td>
<td>Weekly Multi disciplinary team monitoring patient care.
Community team in-reaching to wards.
Violence reduction unit supporting ward staff.
Review current staffing levels.
Explore Eating Disorder specific ward.
29/09/21 - Accident and Emergency Departments – looking at an alternative ward for Emergency Department beds and in the meantime are increasing community workforce capacity with new Scottish Government monies on a temporary basis to mitigate risks, to support patients who cannot be admitted to a bed and to discharge more timeously</td>
<td>5</td>
<td>4</td>
<td>20</td>
<td>Very High</td>
<td>September 2021 - No change to risk score.</td>
</tr>
<tr>
<td>3014</td>
<td>Public Injecting</td>
<td>People who inject drugs in public spaces results in increased health risks to individuals from unsafe injecting practices and to adverse community impacts. A full public health needs assessment of People who inject drugs in public places is contained in the Taking away the Chaos Report https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf</td>
<td>Gaffney, Kelda</td>
<td>5</td>
<td>5</td>
<td>25</td>
<td>Very High</td>
<td>"City centre outreach teams including mobile Injecting Equipment Provision, Waverly Care, Abbey Chemist to provide Blood Bourne Virus testing and rapid referral to supporting Blood Bourne Virus services, assessment of injecting risk, naloxone and wound management (Wound care, assessmnet of injecting risk, naloxone and Dried Blood Spots testing initiative) .
Injection Equipment Provision's provide clean injecting equipment, advice on safe injecting, harm reduction and safe disposal bins to all people injecting drugs and accept used returns.
Ongoing monitoring of discarded needles and public injecting with a rapid multi-agency response to deal with incoming complaints.
Close monitoring and engagement with wider partners re geographical hot spots e.g. Albion Street Car Park.
Liaison between Outreach teams and Alcohol and Drug Recovery Services to engage and maintain people in treatment and care services.
Implementation of Taking Away the Chaos Recommendations where legally permitted."
29/09/21 - A crisis team have recently been developed to respond rapidly to people who experience a near-fatal overdose.</td>
<td>5</td>
<td>4</td>
<td>20</td>
<td>Very High</td>
<td>September 2021 - No change to risk score.</td>
</tr>
</table>