Glasgow City IJB Integration Joint Board

Item No. 11

Meeting Date Wednesday 10th February 2021

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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Risk Management Quarterly Update

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 January 2021 in respect of changes to risk in the quarter from 1 October 2020 to 31 December 2020.

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 January 2021 in respect of changes to risk in the quarter from 1 October 2020 to 31 December 2020

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 have been no new risks added to this register.

2.3. There has been 1 risk removed from this register during Q3.

- *Ref 0515: Partners' Governance arrangements.* This risk owner advised that this risk is no longer relevant due to well established procedures now in place

2.4. At the conclusion of the January 2021 review there were **10** live' risks on the register, with **2** risks having a current risk level of 'Very High', **6** risks with a risk level of 'High', **1** 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 displayed 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 items were reviewed this quarter.

2.7. The final quarterly review of the IJB Risk Register in 2020/21 is scheduled to be carried out in April 2021.

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 was 1 risk added to the register in Q3.

- *Ref 1346:* The risk arising from delays to completion of Central Review Team and Locality assessment reviews was added to the risk register with a residual risk rating of High.

3.3. There have been no risks removed from this register during Q3.

3.4. At the conclusion of the January 2021 review there were **28** 'live' risks on the register, with **13** risks having a current risk level of 'Very High, **6** risks with a risk level of High, **6** with a risk level of Medium and **3** risks with a risk level of 'Low'.

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

3.6. 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.

3.7. The final quarterly review of the IJB Risk Register in 2020/21 is scheduled to be carried out in April 2021.

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 December 2020.

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

4.3. There were **4** risks where the current risk level decreased since the last Quarterly review:

- *Ref 2802: Pressures on the telephone system* has been reduced from high to moderate.
- *Ref 1670: Medical and Nursing cover* for service provided by Archway has been reduced from high to moderate due to staffing levels improving with recruitment
- *Ref 2341 Shortage of Staff – Team Leader* for Homelessness has been reduced from high to moderate due to new appointment for this role commencing on 11th January 2021.
- *Ref 2414 Shortage of Health Visitor staff* has been reduced to moderate following approval to and commencement of recruitment. Risk will close when HVs are in post.

4.4. The Very High and High risks on the Health Risk Register that were reviewed in December 2020 are included in Appendix A.

4.5. The final quarterly review of the Health Risk Register in 2020/21 is scheduled to be carried out April 2021

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 Registers.

IJB Risk Register													
				Initial Risk Level					Current Risk Level				
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update
518	External Providers financial stability	RISK: Financial challenges faced by some provider organisations (in particular those providing sleepovers) to pay Scottish Living Wage could destablise them CAUSE: Introduction of Scottish Living Wage to adult social care EFFECT: Threat to continuity of service, issues in availability of appropriate provision for service users, serious impact on delivery of Strategic Plan	Sharon Wearing	5	4	20	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 • We are developing a transformational change programme on overnight supports which will seek to offer an expanded range of options for providing overnight supports and reduce the reliance on sleepover support. • Proof of concept work with providers will enable us to ensure that as far as possible we have lean processs in our dealings with providers and that we can co-produce new ways of working to ensure efficiency. • Appeal of legal rulings on sleepover currently state it is not necessary to pay each hour worked at the NLW but the HMRC guidance has not yet changed. • 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.	5	4	20	Very High	December 2020 - No Change to risk score.
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	December 2020 - No Change to risk score.

IJB Risk Register													
				Initial Risk Level					Current Risk Level				
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update
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 regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control	4	4	16	High	December 2020 - No Change to risk score.
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	16	High	December 2020 - No Change to risk score.

IJB Risk Register													
				Initial Risk Level					Current Risk Level				
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	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 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 engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council.	4	4	16	High	December 2020 - No Change to risk score.
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	December 2020 - No Change to risk score.

IJB Risk Register													
				Initial Risk Level					Current Risk Level				
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	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.	4	4	16	High	December 2020 - No Change to risk score.
514	Service delivery model uncertainty	RISK: Uncertainty around future service delivery models CAUSE: Uncertainty arising from COVID-19 EFFECT: Resistance, delay or compromise resulting in necessary developments or potential improvement opportunities not being fulfilled	Susanne Millar	3	4	12	High	• High-level strategic vision articulated through the 2019-22 Strategic Plan • Implementation actions for 2016/17 approved by IJB on 21/3/2016 provide some clarity and a framework for future service delivery. • Other proposed transformation projects will be notified to the IJB as a matter of routine. • Clear guidance on service development during interim period. • Acceptance that ongoing challenges of both organisations mean standstill is not a viable option • 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 meet three times 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 engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council.	3	4	12	High	December 2020 - No Change to Score. Update to mitigation and control to reflect that the Executive Group now meet three times per week.

APPENDIX A

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	
559	Impact of Welfare Reform on demand for services	RISK: There is an increased demand for social work services due to Welfare Reform including emergency payments, homelessness, welfare rights and general social work support. CAUSE: Implementation of welfare reforms including benefit cap, universal credit, child tax credits and changes to housing 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 • Effective communications with service users and other stakeholders • Information dissemination on rights to appeal • Appeals packs for service users developed • Welfare Reform training delivered to 3rd sector • Key messages have been refreshed and disseminated again widely in line with the current stage of reform. • Significant further training has been provided to voluntary sector organisations. • Linkages with the Scottish Welfare Fund has resulted in a significant increase in the number of people appealing benefit sanctions. • Briefings on Universal Credit arranged	4	5	20	Very High	December 2020 - No Change to Score.
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	December 2020 - No Change to Score.

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	
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 quarterly Business Continuity Working Group chaired by the service Business Continuity Champion is on hiatus. BCP is currently being overseen by the HSCP EU Exit Readiness Group • Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC SIT (SWS has fed into this process). • 2019 Business Continuity lifecycle is being actioned by the Heads of Planning • 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	4	5	20	Very High	December 2020 - No Change to Score.
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	December 2020 - No Change to Score.

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	
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	High	December 2020 - No Change to Score.
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	High	December 2020 - No Change to Score.
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	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	High	December 2020 - No Change to Score.

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	
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	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 again has Trade Union and Staffside representation. Each care group has established Contingency/Emergency Planning meetings with their senior	4	4	16	High	December 2020 - No Change to Score.
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	High	December 2020 - No Change to Score.

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	
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	High	December 2020 - No Change to Score.
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	High	December 2020 - No Change to Score.

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	
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 Commissioning resources to complete necessary assessment and service reconfiguration tasks. Reputational Impact will depend on the reasons given for the failure and whether any relate to the conduct of the	Allison Eccles	5	3	15	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 • We are developing a transformational change programme on overnight supports which will seek to offer an expanded range of options for providing overnight supports and reduce the reliance on sleepover support. • Proof of concept work with providers wil lenable us to ensure that as far as possible we have lean processs in our dealings with providers and that we can co-produce new ways of working to ensure efficiency. • Appeal of legal rulings on sleepover currently state it is not necessary to pay each hour worked at the NLW but the HMRC guidance has not yet changed. • 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.	5	3	15	High	December 2020 - No Change to Score. Provider financial challenges remain a risk for the HSCP and the provider market. COVID has exacerbated this - the HSCP has taken all reasonable actions to support providers during this period.

Social Care Risk Register													
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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	High	• The HSCP has been working intensively with providers to ensure there is early identification of problems and early intervention • The HSCP has committed to multi agency working with Health board and national agencies. • The HSCP Executive Group is leading the Partnership response, and enhanced care home governance arrangements that 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 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. • 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	5	3	15	High	December 2020 - No Change to Score.
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	4	3	12	High	December 2020 - No Change to Score.

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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	December 2020 - No Change to Score.
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	December 2020 - No Change to Score.

Social Care Risk Register													
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1346	CRT/Locality Review Programme	RISK: There is a risk of failure to complete the agreed review programme across the CRT and localities by end of January 2021 due to number of challenging factors. CAUSE: Impact of Covid 19, Staffing levels (secondments, turnover, vacancies), reduced ability to carry out face to face assessments related to COVID pandemic which is a particular issue with more complex cases. The remit of the team was expanded to progress the work around the transformational change agenda in relation to overnight care, which subsequently added to the overall remit, and added to the considerable number of complex assessments the CRT and localities had then to take forward. The transformational change agenda around overnight care has been impacted by the need to progress contractual agreements and has also been impacted by the COVID pandemic related to current provider recruitment challenges. EFFECT: Not being able to conclude the review programme as per the current workplan. Not progressing options for TEC to support care planning as far as anticipated. There are potential financial implications for this workplan which may have an impact on provider sustainability.	Susanne Millar	4	5	20	Very High	• A revised workplan has been agreed which prioritised providers with the least sustainable rated for review. These reviews are being progressed by locality and CRT staff as part of the review programme. This work is being coordinated and overseen by the CRT Service Manager. Named staff members from each of the localities have been identified to support the CRT review programme. • A Performance Management programme is in place to monitor progress and this is regularly reported to the ACO Adult Services and Finance which feeds into the ITB. • The Commissioning Team are part of the CRT and there is ongoing interface with the Commissioning Team. • A Recovery Plan for the CRT has been put in place and this is under review given lockdown in early 2021. • CRT staff (and locality staff) have been carrying out assessments remotely to continue to work to the timescales and face to face where we can taking account of COVID guidelines.	4	3	12	High	January 2021 - New risk added
572	Failure of Carefirst Disaster Recovery arrangements	RISK: Interim DR solution for Carefirst may not operate as expected CAUSE: Interim DR solution cannot be tested without either extended downtime or considerable cost EFFECT: Major disruption to operations, essential information not available possibly leading to harm for service users, staff or the public and/or failure to carry out statutory duties	Allison Eccles	4	3	12	High	• Continuing to liaise with SIT regarding implementation of a more robust and tested solution • An interim business case has been approved for a replacement for careFirst which will address DR arrangements	4	3	12	High	December 2020 - No Change to Score.
571	Community Alarms affected by telephone provider(s)	RISK: Service user(s) community alarms do not function as required due to telephone line being switched from analogue to digital CAUSE: Telephone providers such as BT/Virgin switching customer line from analogue to digital, Provider not having information about which customers have community alarms that rely on telephone line being analogue EFFECT: service user unable to activate alarm, service user comes to serious harm or fatality, significant reputational, legal and financial harm to the organisation, loss of trust from public on the effectiveness of community alarms, may impact on delivery strategic priorities of the organisation.	Frances McMeeking	5	3	15	High	• Service has shared telephone numbers of all community alarm service users with the telephone providers (BT, Virgin etc) to ensure their records are correct and up to date. • Service has written to all Community Alarm service users to advise that if they are changing their telephone provider they must let them know that there is an alarm dependant on the line and it cannot be converted to a digital line otherwise their alarm will not function properly	5	2	10	High	December 2020 - No Change to Score.

Extract of HSCP/Health risks from Datix (23 December 2020)													
				Initial Risk Level					Current Risk Level				
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update
867	Patient Flow	The process of patient assessment, care management and ultimate movement to community based services is slowed due to lack of available community resources, leading to blockage. The ability to move patients between medium, low and community services and within acute and rehab functions, coupled with the continues pressure to admit from TSH in relation to the appeals procedure, serverely impacts on our ability to respond to needs from prisons and other health boards within WOS. This is compounded by the WOS financial model which in itself brings its own challenges. Now having to use OOATS to manage the increasing demand for beds.	James Meade	5	5	25	Very High	21/12/20 - Patient transfers/assessments heavily impacted by COVID-19 pandemic throughout 2020. Patients subject to CPA particularly affected in terms of guidance around supported accommodation. OOA placements still a feature of transition/transfer processes. Risk and Litigation Manager in weekly contact with Bed Manager regarding transfer updates.	5	5	25	Very High	December 2020 - no change to the risk
2800	Waiting list pressures	Gender, SCASS, Sexual Problem Service, Abortion Care & Urgent Care. We are the regional provider for deep implant services and demand for LARC remains high. COVID 19 overall reduced capacity within the service. This has led to issues with access for all patients. Significant pressure on the vasectomy service due to a back log of ops. All of the above will add to and adverse patient experience, delayed diagnosis and treatment, staff stress, risk of complaints and reputational damage.	Jennifer Schofield	5	5	25	Very High	23/12/20 - Waiting list pressures remain in the Gender service and Counselling service. The impact of COVID has significantly increased patient waits. A plan to look at a strategy for both of these services is needed to see how to overcome the waiting time challenges.	5	5	25	Very High	December 2020 - no change to the risk
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.	Colin MacDonald	5	5	25	Very High	23/12/20 - No further update made to this risk	5	5	25	Very High	December 2020 - no change to the risk
2803	Business Critical	Areas of concern. Accommodation that is not fit for purpose. Reduced staffing levels. Issues with IT provision and infrastructure. Loss of domestic services. Loss of the telephone service. Pharmacy supply issues. Loss of lab. COVID 19 Concerns regarding infection control.	Jennifer Schofield	5	5	25	Very High	23/12/20 - Sandyford Central accommodation is on the HSCP agenda as priority. Staffing levels are monitored and clinics planned accordingly based on the accommodation available to us. More of a challenge currently due to social distancing for COVID. Use of our external sites in Woodside, Parkhead, Paisley and Clydebank are key to this.	5	5	25	Very High	December 2020 - no change to the risk
2456	Psychological Therapies	Risk of deterioration of clients health due to lack of psychology services	Katrina Phillips	5	4	20	Very High	23/12/20 - Risk unchanged	5	4	20	Very High	December 2020 - no change to the risk

Extract of HSCP/Health risks from Datix (23 December 2020)													
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2413	Supply of Continence Products	Ontex have the contract for the continence containment products, and we are aware of difficulties they are having with the contract – around financial viability. Also in January 2019 there was an issue with care homes not getting their orders and delivery drivers saying that the warehouses were empty – the products come over from Belgium – and there had to be some last minute deliveries over the weekend to patients. The lack of products have an impact on patient care in the community and in Care Homes.	Anne Mitchell	5	4	20	Very High	23/12/20 - No further update made to this risk	5	4	20	Very High	December 2020 - no change to the risk
1416	Shortage of Staff	Shortage of staff in homeless families team leading to inability to meet service demands.	Karin O'Hagan	5	4	20	Very High	23/12/20 - NTL appointed,start date 11/01/20. 1 x B6 Physical Health Nurse and 3 x B5 CPN have been advertised and currently being shortlisted. All of those posts with the exception of 1 CPN are additional resources; that includes the full time NTL post which was previously 0.5 wte. The team is currently adequately staffed with Bank Nurse resource; this will remain until all of the new posts are in place.	5	4	20	Very High	December 2020 - no change to the risk
1428	Prescribing costs	Prescribing costs exceeding the allocated budget threatening HSCP services	Richard Groden	5	4	20	Very High	23/12/20 - No further update made to this risk	4	4	16	High	December 2020 - no change to the risk
1709	Specialist Sexual Health Services	There is a risk that there is not enough medical and nursing cover for specialist sexual health services and gender identity services and no ability to fill the gap leading to restrictions of service which would	Rhoda MacLeod	5	4	20	Very High	23/12/20 - Plan is to recruit a permanent GU consultant post. Staffing levels in SHS have improved. Staffing levels in gender identity remain a challenge resulting in excessive waiting times for patients. The plan for early 2021 is to look at service development options for gender and highlight the need for a national strategy.	4	4	16	High	December 2020 - no change to the risk
1511	GP practices	Glasgow City HSCP may experience local GMS practice unable to fulfil its contractual obligations requiring intervention and support sometimes at short notice	Richard Groden	5	4	20	Very High	23/12/20 - No further update made to this risk	3	4	12	High	December 2020 - no change to the risk
1708	Winter Planning Primary Care	Seasonal difficulties for GP practices which may occur due to severe weather conditions, staff shortages and increased demands	Richard Groden	4	4	20	Very High	23/12/20 - No further update made to this risk	3	4	12	High	December 2020 - no change to the risk
2672	Severe service disruption due to Covid-19 pandemic	Due to nationwide restrictions in force regarding restriction of contact with others patients may not receive requested intervention in a timeous fashion. Staffing levels will also be impacted by self-isolation restrictions in force.	Colin MacDonald	5	4	20	Very High	23/12/20 - No further update made to this risk	3	4	12	High	December 2020 - no change to the risk
2672	Severe service disruption due to Covid-19 pandemic	Due to nationwide restrictions in force regarding restriction of contact with others patients may not receive requested intervention in a timeous fashion. Staffing levels will also be impacted by self-isolation restrictions in force.	Colin MacDonald	5	4	20	Very High	23/12/20 - No further update made to this risk	3	4	12	High	December 2020 - no change to the risk
1048	Psychological Therapies	Risk of targets not continuing to be met because of increase in workoad.	Katrina Phillips	4	4	16	High	23/12/20 - No further update made to this risk	4	4	16	High	December 2020 - no change to the risk
2457	Adult Admissions	Risk of demand exceeding capacity for adult admission beds	Katrina Phillips	4	4	16	High	23/12/20 - No further update made to this risk	4	4	16	High	December 2020 - no change to the risk

Extract of HSCP/Health risks from Datix (23 December 2020)													
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2804	Limited number of places on NMP programs within HEIs	Likely to affect other areas of service in HSCP	Jennifer Schofield	4	4	16	High	23/12/20 - No further update made to this risk	4	4	16	High	December 2020 - no change to the risk
1423	Critical Failure of care	Critical failure of care leading to harm to service user (including suicide, child protection, adult support and protection,clinical standards and inspections)	Julia Egan	3	5	15	High	23/12/20 - No update. For discussion at Chief Nurses' meeting with Risk & Litigation Manager on 12/01/21.	3	4	12	High	December 2020 - no change to the risk
1708	Winter Planning Primary Care	Seasonal difficulties for GP practices which may occur due to severe weather conditions, staff shortages and increased demands	Richard Groden	4	4	16	High	23/12/20 - No further update made to this risk	3	4	12	High	December 2020 - no change to the risk
2341	Shortage of Staff - Team Leader	Shortage of staff - team leader - compromising ability to deliver service	Lisa Ross	5	4	20	Very High	23/12/20 - NTL (F/T) appointed, due to start 11/01/21. Risk reduced - MODERATE.	3	3	9	Medium	December 2020 - Risk score has been reduced from high to moderate
1670	Nursing and Medical Cover	There is a risk that there is not enough medical or nursing cover for Sexual Assault Examinations provided by Archway and that contracted forensic Physicians are unable to fill the gap	Rhoda MacLeod	5	4	20	Very High	23/12/20 - Staffing levels are improving with recruitment of more medical and nursing staff as we develop the agreed regional service model. Risk reduced from High to Moderate.	3	3	9	Medium	December 2020 - Risk score has been reduced from high to moderate
2802	Pressures on telephone system	Phone access to the service is a priority provision. Inability to access appointments, results and advice with impact on patient experience & confidence, delays in diagnosis and treatment.	Rhoda Macleod	5	4	20	Very High	23/12/20 - Switchboard staffing a priority within the admin service. The telephone service is supported by the Board wide contract. Online appointments have been increased and are well used by patients. The plan will be to increase further post COVID. Risk reduced.	3	3	9	Medium	December 2020 - Risk score has been reduced from high to moderate