



Item No. 13

Meeting Date Wednesday 15th June 2022

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

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Risk Management Quarterly Update (Q4 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 respect of changes to risk in Quarter 4 (Q4) (1 January 2022 to 31 March 2022).

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.

Governance Route:

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team
- Council Corporate Management Team
- Health Board Corporate Management Team
- Council Committee
- Update requested by IJB
- Other
- Not Applicable

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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note this report, and b) note the highest risks on the Integration Joint Board, Social Care and Health Risk Registers at the end of Quarter 4 2021/22.
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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).
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Personnel:	Risks with a potential impact on staff are identified in the risk registers.
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Carers:	N/A
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Provider Organisations:	Risks in relation to Provider Organisations are identified in the risk registers.
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Equalities:	N/A
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Fairer Scotland Compliance:	N/A
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Financial:	Risks with a potential financial impact are identified in the risk registers.
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Legal:	Risks with a potential financial impact are identified in the risk registers.
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Economic Impact:	N/A
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Sustainability:	N/A
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Sustainable Procurement and Article 19:	N/A
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Risk Implications:	Risks to the delivery of the Strategic Plan are identified in the IJB Risk Register
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Implications for Glasgow City Council:	Risk implications to Glasgow City Council are detailed in the Social Care risk register
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Implications for NHS Greater Glasgow & Clyde:	Risk implications to Glasgow City Council are detailed in the Social Care risk register
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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 April 2022 in respect of changes to risk in the quarter from 1 January 2022 to 31 March 2022.

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
- 2.3. There were 3 risks on the register where the residual probability score has decreased.
 - *Ref 0513: Resources required for integration.* Residual probability has decreased from 4 (likely) to 3 (possible). This score remains as 'High'. This is due to HSCP Operational Recovery Plans and Service Recovery Governance Arrangements in place.
 - *Ref 1731: Delivery of 2021-22 Savings Targets.* The residual probability score was reduced at the end of March from 'Very High' to 'High'. The risk owner confirms that almost 93% of Savings Targets have been delivered.
 - *Ref 0942: Financial implications of responding to COVID 19.* The residual probability score was reduced at the end of March from 'High' to 'Low' as we have now received the additional funding for 2020/21.
- 2.4. There were no risks removed or added to the register during Q4.
- 2.5. At the conclusion of the April 2022 review there were **10** live risks on the register, with **1** risk having a current risk level of 'Very High', **5** risks with a risk level of 'High', **3** risk with a risk level of 'Medium' and **1** risk with a risk level of 'Low'.
- 2.6. All risks with a current risk level of 'Very High' or 'High' are reviewed every quarter, and are shown in Appendix A.

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- 2.7. 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.
- 2.8. The next quarterly review of the IJB Risk Register is scheduled to be carried out in July 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 7 new risks added to the register in Q4.
 - *Ref 1932: Impact of COVID funding removal for Homelessness Services.* This risk has been raised as there may be service users in hotel accommodation when COVID funding for this expires. It is anticipated that COVID related funding from Scottish Government ends on 31 March 2023. This risk has been added to the register as 'Very High'.
 - *Ref 1933: COVID testing transition (asymptomatic testing).* This risk has been added in relation to Scottish Government changes to asymptomatic testing in some health and social care settings (in effect from 17 April). There is a risk that any staff who are COVID-19 positive and asymptomatic may cause transmission of COVID within HSCP workplaces. This risk has been added to the register as 'Very High'.
 - *Ref 1859: Failure of Glasgow Alliance to End Homelessness.* The Glasgow Alliance to End Homelessness is a new model and there is risk that partners decide that they are unable to continue in the Alliance resulting in the model being terminated and services returning to GCC / HSCP to manage as separate contracts. This risk has been added to the register as 'Very High'.
 - *Ref 1910: Changes to MAPPAs information sharing arrangements by Police Scotland.* This risk was added as there is now uncertainty about accessing information about registered MAPPAs clients essential to public protection. This is due to Police Scotland's proposal to stop routine information sharing for MAPPAs cases in lieu of an ISA being signed. This risk has been added to the register as 'Very High'.
 - *Ref 1905: Provider cyber resilience and data security.* This risk has been added as data shared with providers may be the subject of a data breach or compromised due to a cyber attack. The risk has been added to the register as 'High'.
 - *Ref 1906: Industrial Action (Equal Pay).* This was a new risk was added to the register in March 2022 as 'High'. The risk was raised due to Industrial Strike action being scheduled for 30th and 31st March 2022 and 20th and 21st April. There was a risk that this strike action would result in vulnerable service users exposed to harm if life and limb staffing levels could not be achieved. At the end of April this risk score was reduced to 'Low' as GCC were officially notified that of both periods of strike action

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were subsequently called off and at current time there has been no further formal notification of industrial action given to GCC.

- *Ref 1853: LS/CMI system issue (Level of Service Case Management Inventory)*. This risk has been raised due to an LS/CMI centralised system error that has been identified. There is risk that service users on the LS/CMI system have an incorrect risk level assigned to them. This could apply to both open and closed cases. This risk has been added to the register as 'Medium'.
- 3.3. There have been 2 risks removed from this Risk register during Q4.
- *Ref 1593: Older People Care Homes – Extended use of face masks June 2021*. This was raised a 'Low' risk on the register and has been removed as guidance has been superseded.
 - *Ref 1594: Older People Care Homes – Application of Open with Care guidance applicable to visiting within HSCP care homes*. This was raised a 'Low' risk on the register and has been removed as guidance has been superseded.
- 3.4. No risks on this register have increased during Q4.
- 3.5. There was 1 risk on the register where the residual probability score has decreased.
- *Ref 1906: Industrial Action (Equal Pay)*. This was a new risk added to the register in March 2022. GCC were officially notified that of both periods of strike action on 30th and 31st March and 20th and 21st April were subsequently called off and at current time there has been no further formal notification of industrial action given to GCC. This risk has now been moved from 'High' to 'Low'.
- 3.6. At the conclusion of the April 2022 review there were **37** 'live' risks on the register, with **18** risks having a current risk level of 'Very High, **10** 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 July 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 March 2022.

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- 4.2. There were no risks removed and new risks added to the Health Risk Register during Quarter 4.
- 4.3. There were no risks where the current risk level increased or decreased during Quarter 4.
- 4.4. The risks on the Health Risk Register that were 'Very High' and 'High' after the March 2022 review are shown in Appendix A.
- 4.5. The next quarterly review of the Health Risk Register is scheduled to be carried out July 2022.

5. Recommendations

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

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IJB Risk Register (April 2022)													
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
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	<ul style="list-style-type: none"> 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. Medium Term financial forecasting also undertaken to enable requirements for savings to be assessed over the medium term and to inform planning assumptions. 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	April 2022 - Risk confirmed as accurate
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	<ul style="list-style-type: none"> 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 mechanisms for Transformation Programmes are in place Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB A Medium Term Financial Outlook is also completed which assesses the financial resources required to deliver the strategic plan whilst delivering financial balance for the IJB The impact of responding to COVID-19 on delivery 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 expanded 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 Staff side. 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	High	April 2022 - Risk confirmed as accurate

IJB Risk Register (April 2022)													
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	
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 maintain 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 supporting less experienced staff to obtain necessary experience.	4	4	16	High	April 2022 - Risk confirmed as accurate
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	<ul style="list-style-type: none"> 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 expanded 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 Staff side. 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 Staff side 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	3	12	High	April 2022 - Risk score has reduced from major/likely (16) to major/possible (12) due to HSCP Operational Recovery Plans and Service Recovery Governance Arrangements in place.

IJB Risk Register (April 2022)													
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
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	<ul style="list-style-type: none"> High-level strategic vision articulated through the 2019-22 Strategic Plan IJB are notified of proposed transformation projects and updates on approved transformation projects as a matter of routine. 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 three times weekly) and has expanded 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 Staff side. 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 Staff side 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	April 2022 - Risk confirmed as accurate
1731	Delivery of 2021-22 Savings Targets	RISK: Unable to deliver 2021-22 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 2021-22 are now at risk EFFECT: Savings targets will not be deliverable resulting in overspends occurring in 2021-22 and beyond	Sharon Wearing	4	5	20	Very High	<ul style="list-style-type: none"> Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB Delivery of savings will continue to be tracked 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 	2	5	10	High	April 2022 - Risk score has been reduced from major/almost certain (20) to minor/Almost Certain (10). Risk owner confirms that almost 93% of Savings Targets have been delivered.

Social Care Risk Register (April 2022)													
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
1596	Mental Health Officer shortage	<p>RISK: Pressure on MHO activity due to on-going vacancies and staff turnover</p> <p>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</p> <p>EFFECT: Ongoing challenges in meeting our statutory demands under the Adult with Incapacity and Mental Health Act in relations to MHO responsibilities and ongoing operational and governance monitoring of the situation to ensure current deployment of the MHO resource is as efficient as possible</p>	Jackie Kerr (HSCP)	5	5	25	Very High	<ul style="list-style-type: none"> 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. We have made good progress this year in encouraging staff to undertake training and have both recruited and trained additional MHOs which is having a positive impact however the pressures and risks remain. Ongoing recruitment and training drive and a commitment through SG monies and winter pressure monies to increase the MHO complement into 2022. 	5	5	25	Very High	April 2022- Risk confirmed as accurate
559	Impact of Welfare Reform on demand for services	<p>RISK: There is an increased demand for social work services due to Welfare Reform affecting working age adults, COVID19 related financial hardship and the roll-out of new Scottish Benefits.</p> <p>CAUSE: Implementation of welfare reforms including benefit cap and universal credit. Financial hardship related to COVID19. Knowledge deficit around new Scottish Benefits</p> <p>EFFECT: Increased deprivation for citizens, reduced ability to meet demands on our services</p>	Susanne Millar	5	5	25	Very High	<ul style="list-style-type: none"> 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	April 2022- Risk confirmed as accurate
567	Impact of National Abuse Inquiry	<p>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 compensation 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</p>	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> 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	April 2022- Risk confirmed as accurate

Social Care Risk Register (April 2022)													
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
1932	Impact of COVID funding removal for Homelessness Services	RISK: There is risk that a substantial number of people may still be in hotel accommodation when COVID funding for this expires. CAUSE: COVID related funding from Scottish Government runs out on 31 March 2023, level of demand continues to increase, lack of available move on accommodation, unpredictable nature of poverty and the impact of cost of living may further increase demand. EFFECT: Significant financial impact to HSCP when funding expires, increased risk of harm to vulnerable service users, reputational and legal risk to the HSCP and Council if high numbers of people remain in hotel accommodation.	Pat Togher	4	5	20	Very High	<ul style="list-style-type: none"> Work underway to secure increased offers from Housing Associations. Greater focus on homelessness prevention (12 full time posts being placed in the Single Point of Access) Temporary accommodation strategy completed including development of demand model 	4	5	20	Very High	April 2022- New risk added
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	<ul style="list-style-type: none"> 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. Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC SIT (SWS has fed into this process). 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 Staff side. As 	4	4	16	Very High	April 2022- Risk confirmed as accurate
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: Changes in Economy may have impact 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	<ul style="list-style-type: none"> 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	April 2022- Risk confirmed as accurate

Social Care Risk Register (April 2022)													
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				Consequence	Likelihood	Risk Rating		Risk Level	Consequence	Likelihood		Risk Rating	Risk Level
566	Loss of access to VISOR	RISK: Service loses access to Visor CAUSE: All none vetted Visor users will no longer be permitted to use the system from the 30/09/2021 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	<ul style="list-style-type: none"> Issue highlighted to Glasgow's Public Protection Chief Officers Group Glasgow has 3 vetted Visor users and 6 staff awaiting vetting, which will increase capacity. Sufficient staff currently vetted and able to make use of system in collaboration with MAPPA partners and responsible authorities There is a Visor improvement plan being implemented and admin staff will be trained to ensure Visor is updated and maintained 	4	4	16	Very High	April 2022- Risk confirmed as accurate
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	<ul style="list-style-type: none"> 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 arrangements 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	April 2022- Risk confirmed as accurate
590	Increased Care Services absence levels	RISK: If staff absence rates increase beyond target levels then staffing in Home care will become critical, this is currently related to COVID absence issues(shielding, carers responsibility and LTS) 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	5	20	Very High	<ul style="list-style-type: none"> Attendance Management 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 improvements 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 Staff side. 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	April 2022- Risk confirmed as accurate

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Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
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1933	COVID testing transition (asymptomatic testing)	RISK: There is a risk that staff who are COVID-19 positive and asymptomatic may cause transmission of COVID within HSCP workplaces CAUSE: Scottish Government changes to asymptomatic testing in some health and social care settings (in effect from 17 April), with reductions of testing in some areas and removal of testing requirements altogether in others. EFFECT: Staff in community and primary care settings may have mild symptoms or be asymptomatic with a virus which is highly transmissible, and a cause of severe disease and hospitalisation in old and vulnerable people, impact on staffing levels for services due to COVID related absences.	Susanne Millar	4	4	16	Very High	<ul style="list-style-type: none"> Managers to provide consistent reinforcing advice to staff who are in contact with vulnerable people that they should remain vigilant about their social contacts, mindful of their symptoms, and thorough in their infection control and PPE use and processes. Communications to staff reinforcing arrangements for COVID absences and staying away from work if unwell. 	4	4	16	Very High	April 2022- New risk added
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	<ul style="list-style-type: none"> 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 	5	3	15	Very High	April 2022- Risk confirmed as accurate. Update made to mitigation and control to remove reference to large scale event taking place at Hampden in February 2020.
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	<ul style="list-style-type: none"> 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	April 2022- Risk confirmed as accurate
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	<ul style="list-style-type: none"> 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 training 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	April 2022- Risk confirmed as accurate

Social Care Risk Register (April 2022)													
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565	Financial challenges for external providers	<p>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.</p> <p>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.</p> <p>EFFECT: If providers exited the market 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 and 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</p>	Allison Eccles	5	3	15	Very High	<ul style="list-style-type: none"> 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	April 2022- Risk confirmed as accurate

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978	Failure of Provider(s) due to COVID-19	<p>RISK - Social Care providers significantly impacted by the COVID-19 pandemic and are unable to continue operating.</p> <p>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.</p> <p>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.</p>	Susanne Millar	5	3	15	Very High	<ul style="list-style-type: none"> 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 Staff side 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	April 2022- Risk confirmed as accurate
1614	EquipU supply and stock issues	<p>RISK: There is a risk of delays and disruption to the EquipU supply chains.</p> <p>CAUSES: Impact of COVID-19 and Brexit has led to freight costs increasing significantly, shortages of raw materials and shortage of HGV drivers.</p> <p>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.</p>	Sharon Wearing	3	5	15	Very High	<ul style="list-style-type: none"> 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	April 2022- Risk confirmed as accurate

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1859	Failure of Glasgow Alliance to End Homelessness	<p>RISK: There is a risk of failure to operate as an Alliance with one performance framework to deliver effective and sustainable change to end homelessness in Glasgow</p> <p>CAUSE: The innovative Alliance Contracting model with the Glasgow Alliance to End Homelessness is the first model of its kind in Scotland and requires that a significant shift in respect of service design and commissioning of new services is undertaken, with the Alliance as the decision making body. If partners are unable to align objectives to achieve collective accountability in a 'no fault, no blame' way there is a risk of dispute and failure to deliver.</p> <p>EFFECT: If any of the partners decide that they are unable to continue in the Alliance this could result in the model being terminated and services returning to GCC / HSCP to manage as separate contracts. The step change that is expected from the Alliance model of change and innovation would take longer to achieve with standalone contracts.</p>	Susanne Millar	5	3	15	Very High	<ul style="list-style-type: none"> The HSCP is both a partner on the Alliance and commissioning owner of the Alliance. This requires clear delineation of roles and responsibilities to ensure that effective monitoring of the Alliance is undertaken as distinct from our role as an equal member An internal Governance Group is in place to monitor progress of the mobilisation phase of the Alliance Legal Services are fully involved in the Governance process to advise on legal and compliance matters Connections are maintained with Homelessness Network Scotland to ensure that the voices of the Network and people with lived experience are being fully considered The HSCP is able to call on the expert opinion and advice of an Alliance Consultant as required An independent 'Lessons Learned To Date' is currently being undertaken by Healthcare Improvement Scotland 	5	3	15	Very High	April 2022- New risk added

Extract of HSCP/Health risks from Datix (31st March 2022)													
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				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
2351	Staff Shortages / Recruitment and retention of staff	Issues retaining and recruiting staff across Prison Healthcare. In particular Primary Care Staff Nurses. Staff sickness - risk of being unable to deliver a health care service to patients. Impact on patient - deterioration of patient's condition, delay in treatment. Impact on staff - low morale, pressure to support working additional shifts, negative impact on own health further risk to increasing absence levels. SPS staff culture and attitude towards staff is impacting upon retaining staff.	Macleod, Rhoda	5	5	25	Very High	Ongoing work with Recruitment Services to review recruitment strategy for Prison Healthcare - Workforce Planning Group commenced Jan 2019 to review current workforce needs. Existing staff offered additional hours to cover shifts. Potential use staff from other prison establishments. Use of nurse bank. Application of Attendance Management policy. Options for recruitment and selection premium are being explored and costings will be identified before being progressed. SPS staff issues have been raised with the Governor and HMIPS Inspection Team.	5	5	25	Very High	31/3/22 - SPS staff issues have been raised with the Governor and HMIPS Inspection Team. No change to risk level.
2460	Mental Health Officer (MHO) Shortage	Pressure on MHO activity due to on-going vacancies and staff turnover. 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. 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 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	Paterson, Isobel	5	3	15	High	Workload prioritisation	5	5	25	Very High	31/3/22 - No change
2800	Waiting lists - Gender Services	Waiting List Pressures. This will add to adverse patient experience, delayed diagnosis and treatment, staff stress, risk of complaints and reputational damage.	Macleod, Rhoda	5	5	25	Very High	Increased staffing in Gender service, Service Level Agreement being developed for Sandyford Counselling & Support Services (SCASS), additional lists put on at weekends to manage waiting times for other services. COVID contingency planning in place.	5	5	25	Very High	31/3/22 - No change
2802	Telephone Systems	Inability to access appointments, results and advice with impact on patient experience & confidence, delays in diagnosis and treatment.	Macleod, Rhoda	4	5	20	Very High	NETCALL up grade has occurred which will improve patients' ability to navigate through telephone system and online booking is now available. Further action required - Staff at hubs are able to log into the system to answer calls. Plan to increase Band 2 staffing.	5	5	25	Very High	31/3/22 - No change

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2803	Accommodation	Accommodation that is not fit for purpose.	Macleod, Rhoda	5	5	25	Very High	Accommodation is on the HSCP agenda as priority. Staffing levels are monitored and clinics planned accordingly. IT support is provided by the board and maintenance contracts are in place. There are regular meetings with domestic services. We are kept informed by our pharmacy colleagues and updated regarding supplies. Lab support is offered from the GRI. A member of the SMT monitors our infection control needs. 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	31/3/22 - No change
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. x100 Newly Qualified Nurse (NQN) Band 5 nurses taking up employment across services Sept-Oct 2021. Centralised external recruitment campaigns ongoing for recruitment of Band 5s for MH inpatients and community services.	5	5	25	Very High	31/3/22 - No change
2890	Nursing Bank Fill rates	High demand from MH 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. AHPs; OT's/Social Care to help alleviate burden on ward.	5	5	25	Very High	31/3/22 - No change
2898	MORS Policy	Application and overuse of MORS Policy (Management of Offenders and Risk of a Substance), impacting on health service.	Macleod, Rhoda	5	5	25	Very High	A review of clinical assessments processes and pathways will take place locally. There are also national discussions to review MORS. Ongoing dialogue with SPS senior management. Patients will be triaged from the scheduled clinic that is disrupted.	5	5	25	Very High	31/3/22 - No change
2901	Staff shortages - Psychotherapy	Recruiting right skill mix is an issue.	MacDonald, Colin	5	5	25	Very High	Psychotherapy - reviewing skill mix; redesigning roles, offering training opportunities and looking at using different grades of staff.	5	5	25	Very High	31/3/22 - No change
2902	Staff shortages - Alcohol & Drug Recovery Service (ADRS)	Staff shortages of Band 5 /6 psychiatric nurses.	Gaffney, Kelda	5	5	25	Very High	Use of bank staff. 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 PDNs 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. **NE ADRS specific - NTLs assertively contact previous ADRS employees to offer bank shifts.** Agency social care staff being recruited for ten week period; additional driver capacity secured to support prescription deliveries. Agency staff in place. Social care staff recruitment complete/take up posts from Jan 22. RAG status and response being reviewed. HCSW posts being recruited.	5	5	25	Very High	31/3/22 - No change
2906	Disengagement/lack of contact service users	There is risk of disengagement or lack of contact with service users due to COVID; particularly within 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	Use of RAG to prioritise which patients should be seen.	5	5	25	Very High	31/3/22 - No change

Extract of HSCP/Health risks from Datix (31st March 2022)													
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2917	Waiting times - Sandyford Counselling & Support Service (SCASS)	Waiting List Pressures. This will add to adverse patient experience, delayed diagnosis and treatment, staff stress, risk of complaints and reputational damage.	Macleod, Rhoda	5	5	25	Very High	Service Level Agreement in development. COVID contingency planning in place.	5	5	25	Very High	31/3/22 - No change
3004	Staffing Shortages - Adult Mental Health Psychiatry & 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.	5	5	25	Very High	31/3/22 - No change
3005 & 3006	Staffing Shortages - Psychotherapy	Recruiting people to post with the right skill mix is an issue.	McCormack, Colin Paterson, Isobel	5	5	25	Very High	Psychotherapy - reviewing skill mix; redesigning roles, offering training opportunities and looking at using different grades of staff.	5	5	25	Very High	31/3/22 - No change