# Glasgow City
Integration Joint Board

# Glasgow City
# Integration Joint Board

**Report By:** **Sharon Wearing, Chief Officer Finance and Resources**

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| **Annual Risk Management Review 2020/21** | |

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| **Purpose of Report:** | The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity and risk registers maintained within the Glasgow City Health & Social Care Partnership during 2020/21. |

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| **Background/Engagement:** | The IJB Risk Management Strategy states that the risk registers maintained by the Partnership are subject to quarterly review by the Finance, Audit and Scrutiny Committee on behalf of the Integration Joint Board, with an annual review report to the Integration Joint Board. |

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| **Recommendations:** | The Integration Joint Board is asked to:<br><br>a) note the content of this report; and<br>b) note the attached Integration Joint Board, Social Care and Health risk registers. |

**Relevance to Integration Joint Board Strategic Plan:**

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| Risks to the delivery of the IJB Strategic Plan are identified in the risk registers. |

**Implications for Health and Social Care Partnership:**

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| **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:** | Personnel risks are identified in the registers |
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| **Carers:** | N/A |
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| **Provider Organisations:** | Risks in relation to provider organisations are identified in the registers |
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| **Equalities:** | N/A |
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| **Fairer Scotland Compliance:** | N/A |
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| **Financial:** | Financial risks are identified in the registers |
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| **Legal:** | Legal impacts of risks are identified in the registers |
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| **Economic Impact:** | Economic impacts of risks are identified in the registers |
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| **Sustainability:** | N/A |
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| **Sustainable Procurement and Article 19:** | N/A |
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| **Risk Implications:** | All risk implications are detailed in the registers |
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| **Implications for Glasgow City Council:** | All risk implications are detailed in the registers |
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| **Implications for NHS Greater Glasgow & Clyde:** | All risk implications are detailed in the registers |
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| **Direction Required to Council, Health Board or Both** | |
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| **Direction to:** | |
| **1.** No Direction Required | ⊠ |
| **2.** Glasgow City Council | ☐ |
| **3.** NHS Greater Glasgow & Clyde | ☐ |
| **4.** Glasgow City Council and NHS Greater Glasgow & Clyde | ☐ |

**1.    Purpose**

1.1.    The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity within the Partnership during 2020/21.

**2. Background/Engagement**

2.1. The IJB Risk Management Strategy states that the risk registers maintained by the Partnership are subject to quarterly review by the Finance, Audit and Scrutiny Committee on behalf of the Integration Joint Board, with an annual summary report to the Integration Joint Board.

**3. Risk Management Policy & Strategy**

3.1. The review of the IJB Risk Management Policy and Strategy was brought to the IJB, Finance, Audit and Scrutiny Committee on 19th February 2020. The version was approved and the policy will be reviewed every 3 years to ensure that it reflects current and best practice. The next full review of this Policy will be carried out in 2022.

**4. Risk Management Activity**

4.1. There are 3 risk registers currently maintained within the Partnership. These are the Integration Joint Board Risk Register, the Social Care Risk Register and the Health Risk Register.

4.2. Due to the impact of COVID 19 the Risk Management report for Quarter 1 was brought to the IJB Finance, Audit & Scrutiny Committee in February 2020 and included quarterly reporting for October to December 2019.

4.3. For Quarters 2 through 4 of 2020/21 the Social Care and IJB risk registers were reviewed and reported to the Senior Management Team and the IJB Finance, Audit & Scrutiny Committee each quarter.

**5. Integration Joint Board Risk Register**

5.1. The Integration Joint Board Risk Register is maintained, updated and reported in line with the Risk Management Policy developed for integration bodies.

5.2. The highest risks on the IJB Risk Register during 2020/21 were the level of savings required, resources, service delivery models and financial stability challenges faced by external providers.

5.3. There was one significant increase of risk score from 'High' to 'Very High' due to the result of being unable to fully deliver targets which will potentially impact on the 2021/22 budgets.

5.4. There was one risk closed from the register at the close of 2020/21. The risk titled Partners Governance Arrangements was on the register relating to maintained governance arrangements. The risk is viewed as no longer relevant as we now have well established governance procedures in place.

5.5. At the close of 2020/21, there were **10** 'live' risks on the IJB Risk Register, with **3** items having a risk level of 'Very High', **5** items with a risk level of 'High', **1** item having a level of 'Medium' and **1** items with a risk level of 'Low'.

5.6.    The highest risks on the IJB Risk Register at the end of 2020/21 is attached as part of Appendix A.

**6.      Social Care Risk Register**

6.1.    The Social Care Risk Register is maintained, updated and reported in line with the Glasgow City Council Risk Management Policy and Guidance Framework.

6.2.    The highest risks on the Social Care risk register continued to be the potential impact of the National Abuse Inquiry, the Implementation of Welfare Reform and Disruption to HSCP Services.

6.3.    Significant risks that were added to the register during 2020/21 are in relation to the impact of COVID 19 on Commissioned Services and the risk of failure to complete the agreed review programme across the Central Review Team and localities by end of January 2021 due to number of challenging factors including the impact COVID 19

6.4.    At the end of 2020/21 there were **28** 'live' risks on the register, with **13** items having a current risk level of 'Very High', **6** items with a risk level of 'High', **6** items with a risk level of 'Medium' and **3** with a risk level of 'Low'.

6.5.    The highest risks on the Social Care Risk Register at the end of 2020/21 are attached as part of Appendix A.

**7.      Health Risk Register**

7.1.    The Glasgow City Health Risk Register is maintained, updated and reported in line with the NHS GGC Risk Management Policy.

7.2.    The highest risks on the Health Risk Register are those arising from staff shortages, especially of nursing bank and Band 5 nurses across Greater Glasgow and Clyde.

7.3.    There are a number of recruitment and retention issues, especially across Prison Healthcare along with the increase in prison population.

7.4.    Towards the close of 2020/21 the potential risks to Mental Health services continued due to high demand and staffing shortages.

7.5.    The highest risks on the Health Risk Register at the end of 2020/21 are attached as part of Appendix A

**8.      Recommendations**

8.1.    The Integration Joint Board is asked to:

a)  note the content of this report; and
b)  note the attached Integration Joint Board, Social Care and Health Risk Registers contained in Appendix A.

| | | | | Initial Risk Level | | | | | | Current Risk Level | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **IJB Risk Register** | | | | | | | | | | | | | | |
| Ref | Title | Description of Risk | Risk Owner | Consequence | Likelihood | Risk Rating | Risk Level | Control Actions | Consequence | Likelihood | Risk Rating | Risk Level | Latest Update | |
| 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. <br>• We continue to ensure timeous regular payment to provider organisations <br>• We have offered 3 SLW increases across all of the purchased service contracts on condition of payment of the SLW including for Sleepovers. <br>• We continue to ensure that the payment of the additional funding for the Scottish Living Wage is made timeously <br>• 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. <br>• Proof of concept work with providers will enable us to ensure that as far as possible we have lean processs in our dealings | 5 | 4 | 20 | **Very High** | Update April 2021 - Risk confirmed as accurate | |
| 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 <br>• Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets <br>• HSCP will actively engage with Partner Bodies in budget planning process for 2019-20 and beyond identifying dependencies and risks associated with any proposals. <br>• Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored. <br>• 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** | Update April 2021 - Risk confirmed as accurate | |
| 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 <br>• Delivery of savings will continue to be tarcked and monitored by the Transformation Programme Board <br>• HSCP will actively engage with the Scottish Government on the impact of responding to COVID-19 <br>• Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored | 4 | 4 | 20 | **Very High** | Update April 2021 - Residual Risk score changed from High to very High. Risk owner informed that savings will not be fully delivered and this will impact on 2021/22 | |

| | | | | Initial Risk Level | | | | | | Current Risk Level | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | **IJB Risk Register** | | | | | |
| Ref | Title | Description of Risk | Risk Owner | Consequence | Likelihood | Risk Rating | Risk Level | Control Actions | Consequence | Likelihood | Risk Rating | Risk Level | Latest Update | |
| 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<br>• Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets<br>• Governance / reporting mechanism for Transformation Programme in development<br>• Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB<br>• The impact of responding to COVID-19 on delvery of the Strategic Plan will continue to be assessed.<br>• 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 | 4 | 4 | 16 | **High** | Update April 2021 - Risk confirmed as accurate | |

| | | | | Initial Risk Level | | | | | | Current Risk Level | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **IJB Risk Register** | | | | | | | | | | | | | | |
| Ref | Title | Description of Risk | Risk Owner | Consequence | Likelihood | Risk Rating | Risk Level | Control Actions | Consequence | Likelihood | Risk Rating | Risk Level | Latest Update |
| 513 | Resources required for integration | RISK: The organisation cannot support the volume of resource required to establish effective integrated arrangements CAUSE: Staff and key individuals with existing operational roles and responsibilities are diverted to integration activities 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)<br>• Ongoing review of support (including work undertaken and resources being used) required for integrated arrangements<br>• Workforce Planning sub-group meets fortnightly to review workforce planning matters (including requests to fill vacancies)<br>• 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.<br>• 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 | 4 | 4 | 16 | **High** | Update April 2021 - Risk confirmed as accurate |
| 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)<br>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<br>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:<br>Phasing recruitment<br>Making local vacancy approval processes more efficient<br>Developing alternative skill mix models<br>Recruiting into trainee posts and supportung less experienced staff to obtain necessary experience. | 4 | 4 | 16 | **High** | Update April 2021 - Risk confirmed as accurate |
| 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<br>• IJB is actively engaging with Scottish Government and providing regular updates on the associated costs<br>• Governance arrangements are in place re approval and monitoring of costs<br>• IJB is actively engaging with third and independent sector in relation to their associated costs.<br>• 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** | Update April 2021 - Risk confirmed as accurate |

| 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 | |
| 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 | Update April 2021 - No change to risk 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 | Update April 2021 - No change to risk score |

The table title spanning across: **Social Care Risk Register**

| Social Care Risk Register | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ref | Title | Description of Risk | Risk Owner | Initial Risk Level | | | | Control Actions | Current Risk Level | | | | Latest Update |
| | | | | Consequence | Likelihood | Risk Rating | Risk Level | | Consequence | Likelihood | Risk Rating | Risk Level | |
| 546 | Disruption to HSCP services | RISK: Failure of, or disruption to, facilities, infrastructure or staff affecting delivery of mainstream and out-of-hours services.<br>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.<br>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<br>• Monthly meetings at Director level with senior Trade Union officials<br>• Business Continuity Reps identified in each service area<br>• 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<br>• Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC SIT (SWS has fed into this process).<br>• 2019 Business Continuity lifecycle is being actioned by the Heads of Planning<br>• Business Impact Analyses have been reviewed and completed across the HSCP<br>• Business Continuity Plans for localities have been reviewed and completed across the HSCP<br>• 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.<br>• 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 | 4 | 5 | 20 | Very High | Update April 2021 - No change to risk 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<br>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.<br>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.<br>• An HSCP Business Partner to SIT has been appointed.<br>• 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.<br>• 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.<br>• 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 | Update April 2021 - Risk Owner informs the contract to upgrade from careFirst to Eclipse was concluded in March 2021. The first phase is due to be implemented around April 2022 and will enable the decommissioning of a number of the ex-Cordia systems. A separate Council project is being taken forward for a scheduling tool, which will replace the current scheduling tool. These will not reduce the risk immediately, but will over time. No change to score. |
| 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.<br>CAUSE:<br>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<br>• Weekly Executive Group meetings to approve critical progress issues<br>• CSWO led SMT's in both Adult and Children and family Services review and progress<br>• Performance Management Framework incorporating City-wide, local and care group performance reporting<br>• Regular planned and structured liaison with providers re: changes<br>• Service User engagement<br>• Trade Union liaison at strategic and local levels | 4 | 4 | 16 | Very High | Update April 2021 - Risk confirmed as accurate |

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

| Ref | Title | Description of Risk | Risk Owner | Initial Risk Level | | | | Control Actions | Current Risk Level | | | | Latest Update |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Consequence | Likelihood | Risk Rating | Risk Level | | Consequence | Likelihood | Risk Rating | Risk Level | |
| | | | | | | | | **Social Care Risk Register** | | | | | |
| 553 | Failure of MAPPA arrangements | RISK: Glasgow MAPPA arrangements fail CAUSE: Procedures not followed; staff not appropriately trained; information security breach EFFECT: risk of harm to Glasgow citizens from registered sex offenders; reputational/legal/financial impact to organisation. | Susanne Millar | 5 | 4 | 20 | **Very High** | • City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice. • MAPPA Strategic Oversight Group meets every 3 months • MAPPA Operational Group meets every 6 weeks • MAPPA national guidance • Multi agency Risk Register in place and standing item on the agenda of both meeting structures • NASSO meeting every quarter with RSL providers • Memorandum of Understanding in place between statutory agencies and reviewed annually • Large scale Hampden event Feb 2020 with key partners sharing practice Additional training now rolled out | 5 | 3 | 15 | **Very High** | Update April 2021 - Risk confirmed as accurate |
| 554 | Failure of Child Protection procedures | RISK: failure in the implementation of Child Protection procedures and arrangements CAUSE: Procedures are ineffective; procedures are not followed; staff not appropriately trained; information security breach; lack of/ineffective governance EFFECT: increased and/or avoidable risk/harm to children and/or young people | Susanne Millar | 5 | 4 | 20 | **Very High** | • Child Protection Committee and sub groups meet regularly • Local area CP forums in place • Quarterly meeting of Chief Officers group • Management information produced and reviewed monthly at CP Quality Assurance Sub-group • 1/2 yearly LMR process overseen and coordinated by CP team • ASM structure providing QA, monitoring and objectivity to local practice • Robust single agency and multi agency training programme in place • Weekly contingency planning arrangements with Heads of Service • Home visit guidance issued • Weekly data collation illustrating demands/trends | 5 | 3 | 15 | **Very High** | Update April 2021 - 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** | • Adult Protection Committee and sub groups in place • Local Area Adult Protection Forums and multi-agency Local Management Reviews embedded • Quarterly meeting of Chief Officers Group • ASP management information produced and reviewed quarterly at Adult Services Core leadership and Older People's clinical and care governance meetings • ASM structure and multi-agency traiing programme in place • Quality Assurance sub group of Adult Support and Protection Committee now in place, which monitors the work plan and highlights areas for further consideration • Home visit guidance issued • Weekly data collation illustrating demands/trends | 5 | 3 | 15 | **Very High** | Update April 2021 - Risk confirmed as accurate |

| Ref | Title | Description of Risk | Risk Owner | Initial Risk Level | | | | Control Actions | Current Risk Level | | | | Latest Update |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Consequence | Likelihood | Risk Rating | Risk Level | | Consequence | Likelihood | Risk Rating | Risk Level | |
| 565 | Financial challenges for external providers | RISK: The financial challenges faced by some provider organisations (in particular those providing sleepovers and those delivering care at a low historical rate - at or below £15.20) and the requirement for them to provide the Scottish Living Wage has the potential to render them financially unviable and result in them exiting the market.<br>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.<br><br>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 | Allison Eccles | 5 | 3 | 15 | Very High | •We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users.<br>•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<br>•Work is continuing on the rollout of the transformational change programme on overnight supports to support the reduction of the reliance on sleepover support.<br>• outcome of the Appeal of legal rulings on sleepover will be considered by legal and the  with any necessary actions undertaken.<br>• 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 | Update April 2021 - Risk Owner informs that 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.<br><br>No change to risk score |

| Ref | Title | Description of Risk | Risk Owner | Initial Risk Level | | | | Control Actions | Current Risk Level | | | | Latest Update |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Consequence | Likelihood | Risk Rating | Risk Level | | Consequence | Likelihood | Risk Rating | Risk Level | |
| **Social Care Risk Register** |
| 978 | Failure of Provider(s) due to COVID-19 | RISK - Social Care providers significantly impacted by the COVID-19 pandemic and are unable to continue operating. CAUSE- Providers are operating under unique and significantly detrimental conditions including continuity of service being disrupted due to having to focus on priority services only, there are increased infection control measures and associated costs, there is increased staff absence and associated costs, there is reduced availability of back-up staff and maintenance of each service becomes increasingly difficult. In addition the increased reporting pressures are stretching limited resources. EFFECT – Providers may be unable to safely staff services which could lead to risk of harm to service users, and failure of the provider. This could lead to significant financial, legal and reputation harm to the HSCP. | Susanne Millar | 5 | 3 | 15 | **Very High** | The HSCP Executive Group is leading the Partnership response, and enhanced governance arrangements have been put in place across the HSCP and GGC apply to both purchased and directly provided care homes. • Ongoing adherence to COSLA guidance for commissioners during this period and financial support being introduced in a measured way. • As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group.in Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Chief Officer, this monitors and reviews information from various sources. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements. • As part of the business continuity management response to the covid-19 pandemic the HSCP firstly established additional governance arrangements for ensure senior management retain appropriate oversight and decision making capacity. A Local Resilience Management Team was initially established at the beginning of lockdown this has moved to an Operational Recovery Group. This group reviews and approves all recovery plans for services and has Trade Union and Staffside representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council. | 5 | 3 | 15 | **Very High** | Update April 2021 - Confirmed as Accurate. Slight amendment made to mitigation and control - change Interim Chief Officer to Chief Officer |
| 548 | Failure of ICT security | RISK: Loss/misuse/breach of health and social care data within our responsibility CAUSE: IT system security failure, human error, hostile actor (internal or external) EFFECT: breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users affecting public and service user confidence | Allison Eccles | 5 | 5 | 25 | **Very High** | • Information Security Governance via Information Security Board. • Policies and guidance regularly updated and annual mandatory training provided via GOLD or leaflet. • Information sharing protocol with NHSGG&C has been updated and circulated for sign-off • All ICT developments progressed through project management methodology which includes risk logs and Data Protection Impact Assessments are undertaken as required. • The majority of devices are now encrypted and authorisation process in place for unencrypted devices. • Secure email and Objective Connect available for secure data sharing • Secure email blueprint (including TLS) now implemented • Protective Marking to be rolled out in SWS in 2019 • Site and Information Security Audit programme in place for SWS establishments and services • Containment process in place for accidental email breach • Staff briefings on data protection (GDPR) and information security briefings issued regularly • Use of is2a and/or is2b procedure and forms for staff removing data from offices • Temporary security policies put in place due to the impact of COVID-19 are reviewed on a 4 weekly basis by the Information Security Board | 4 | 3 | 12 | **High** | Update April 2021 - Risk owner informs the ISP with NHSGG&C and the other Local Authorities has now been signed by all parties. Protective Marking has been implemented. Site and Information Security Audit programme paused due to Covid. Some relaxations to information security policies have been agreed due to Covid. These are reviewed on a 4 weekly basis by the Information Security Board and mitigation and control field has been updated to reflect this arrangement. No change to risk score. |

| | | | | Initial Risk Level | | | | | Current Risk Level | | | | |
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<table>
<tr><td colspan="14" align="center"><strong>Social Care Risk Register</strong></td></tr>
<tr>
<th>Ref</th>
<th>Title</th>
<th>Description of Risk</th>
<th>Risk Owner</th>
<th colspan="4">Initial Risk Level</th>
<th>Control Actions</th>
<th colspan="4">Current Risk Level</th>
<th>Latest Update</th>
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<th>Consequence</th><th>Likelihood</th><th>Risk Rating</th><th>Risk Level</th>
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<th>Consequence</th><th>Likelihood</th><th>Risk Rating</th><th>Risk Level</th>
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<tr>
<td>544</td>
<td>Failure to meet Health & Safety statutory requirements</td>
<td>RISK: Failure to meet statutory Health & Safety requirements<br>CAUSE: Personnel fail to follow procedures; personal are not appropriately trained<br>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.</td>
<td>Christina Heuston</td>
<td>5</td><td>4</td><td>20</td><td>Very High</td>
<td>• 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<br>• 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.<br>• Departmental Health & Safety Policy & manuals<br>• Fire safety management system.<br>• H&S risk assessment processes, e.g. fire, legionella, alarms etc.<br>• H&S respond to all audit and inspection requirements.<br>• Emergency procedures in place for all service user accommodation<br>• Range of H&S training in place e.g. Fire Wardens, Manual Handling etc.<br>• Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place.<br>• Monitoring of claims.<br>• 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<br>• Legionella risk managed with the assistance of CGI.</td>
<td>4</td><td>3</td><td>12</td><td>High</td>
<td>Update April 2021 - Risk confirmed as accurate</td>
</tr>
<tr>
<td>547</td>
<td>Impact of failure of third parties and partners</td>
<td>RISK: contractor/partner arrangements fail<br>CAUSE: political and socio-economic factors; providers' financial position; failure to comply with regulatory/legislative changes<br>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.</td>
<td>Susanne Millar</td>
<td>4</td><td>5</td><td>20</td><td>Very High</td>
<td>• Contract Management Framework.<br>• Contractor Risk Ratings Matrix.<br>• Procurement activity undertaken in accordance with written agreed procedures.<br>• All contractual arrangements over the approved thresholds referred to appropriate committee for approval.<br>• Ensuring providers/other agencies have health and safety procedures/arrangements in place<br>• Regular meetings with key providers regarding strategic provider related issues<br>• 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.</td>
<td>4</td><td>3</td><td>12</td><td>High</td>
<td>Update April 2021 - Risk owner informs that we have seen a few homes close during this last quarter. On one occasion the provider raised concerns about financial viability however it appears they had not progressed support options offered to them e.g. ISA. No change to risk score.</td>
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</table>

| | | | | | | Initial Risk Level | | | | | | Current Risk Level | | | |
| Ref | Title | Description of Risk | Risk Owner | Consequences | Likelihood | Risk Rating | Risk Level | Controls | Consequences | Likelihood | Risk Rating | Risk Level | Latest Update |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | **Extract of HSCP/Health risks from Datix (31 Update March 2021)** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 344 | Missed Diagnosis | Delay in treatment; anxiety to client; mostly low risk but risk of long term sequelae dependant on diagnosis; possibility of complaint of litigation. | Macleod, Rhoda | 4 | 3 | 12 | **High** | staff training and annual review; policies and procedures for tests and results; electronic system (NaSH) and failsafe (NaSH breakdown protocol); audit of results outstanding; reporting mechanism; client self retrieval of most results; datix reporting and investigation of adverse events. Monitoring of waiting times for treatment. | 5 | 5 | 25 | **Very High** | Update March 2021 - Risk has increased from High to Very High |
| 2351 | Recruitment and retention of staff | Issues retaining staff across Prison Healthcare. 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. | 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. | 5 | 5 | 25 | **Very High** | Update March 2021 - Risk has increased from Moderate to Very High |
| 2805 | Staffing - GUM | Business critical - Shortage of GUM consultant staff therefore unable to prioritise senior GUM cover. Urgent Care is a service priority with targeted waiting times of 2 days per week. Skill mix is essential in maintaining this service. Urgent Care sees issues with skill mix able to deal with complex patients and lack of GUM senior cover. | Macleod, Rhoda | 4 | 3 | 12 | **High** | Locum post advertised and permanent finance identified for additional post. 29/03/21 - Risk reassigned/escalated High to V HIGH. 2 rounds of locum advertising unsuccessful. Permanent post now advertised but risk no one will apply due to trainees not ready to complete their training. | 5 | 5 | 25 | **Very High** | Update March 2021 - Risk has increased from High to Very High |
| 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. | 5 | 5 | 25 | **Very High** | Update March 2021 - No change to Risk score |
| 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** | Update March 2021 - No change to Risk score |
| 2897 | High level of illicit drug use impacting ability to deliver safe and effective service | High level of illicit drug use impacting ability to deliver safe and effective service. Disruptive to staffing, creates risks, impacts surgeries and clinics the next day as have to see the patients the next day. | Macleod, Rhoda | 5 | 5 | 25 | **Very High** | MORS policy in place. 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** | Update March 2021 - No change to Risk score |
| 2898 | MORS Policy | Application and overuse of MORS Policy, 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** | Update March 2021 - No change to Risk score |
| 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** | Update March 2021 - No change to Risk score |
| 2902 | Staff shortages - ADRS | Staff shortages of Band 5 /6 psychiatric nurses. | Gaffney, Kelda | 5 | 5 | 25 | **Very High** | Use of bank staff. | 5 | 5 | 25 | **Very High** | Update March 2021 - No change to Risk score |
| 2903 | Inpatient estate - Buildings | Poor accommodation and admitting capacity limited due to the estate being out of date and insufficient accommodation available. | MacDonald, Colin | 5 | 5 | 25 | **Very High** | Issue has been escalated. Capital required to resolve. | 5 | 5 | 25 | **Very High** | Update March 2021 - No change to Risk score |

| Ref | Title | Description of Risk | Risk Owner | Initial Risk Level | | | | Controls | Current Risk Level | | | | Latest Update |
|-----|-------|---------------------|------------|---|---|----|------|----------|---|---|----|------|---------------|
| | | | | | | | | **Extract of HSCP/Health risks from Datix (31 Update March 2021)** | | | | | |
| 2904 | Inpatient estate - fixtures and fittings | Risk of harm to patients - ligature risks from fixtures and fittings. Risk to organisation - potential fines from HSE. Highlighted in recommendations from Mental Welfare Commission Local Visit Reports. | MacDonald, Colin | 5 | 5 | 25 | Very High | Local mitigation measures in place to review ligature points. | 5 | 5 | 25 | Very High | Update March 2021 - No change to Risk score |
| 2905 | Brexit - supplies | Risk of supply issues pharmaceutical and medical supplies due to Brexit. Also risk of shortage of equipment supplies. | MacDonald, Colin | 5 | 5 | 25 | Very High | There is sufficient supply for the immediate future but contingency plans are being considered. | 5 | 5 | 25 | Very High | Update March 2021 - No change to Risk score |
| 2906 | Disengagement/lack of contact service users | There is risk of disengagement or lack of contact with service users due to COVID; particularly within 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 | Update March 2021 - No change to Risk score |
| 2908 | Staffing - TOPAR | TOPAR service provision is a service priority with targeted waiting times of 5 days per week. Skill mix is essential in maintaining this service. TOPAR legally requires two doctors, one of whom must be a consultant at each session. Changes in the SRH staffing have made this difficult. | Macleod, Rhoda | 5 | 5 | 25 | Very High | Rota planning to ensure staffing for urgent care and TOPAR prioritised before rest of rota. | 5 | 5 | 25 | Very High | Update March 2021 - No change to Risk score |
| 2801 | First Aid at Work Certification for Page Holders | Pageholders First Aid at Work course is currently not available due to Covid and pageholders across Leverndale Hospital are due refresher training. | MacDonald, Colin | 5 | 5 | 25 | Very High | Interim measures being investigated. Risk unchanged - continues as no face to face training available due to COVID. | 5 | 5 | 25 | Very High | Update March 2021 - No change to Risk score |
| 2909 | Staffing - Sexual Assault Referral Centre (SARC) | Risk that we are unable to fully recruit 100% medical staffing to the regional model thus being unable to deliver peripatetic model of care into other Boards. | Macleod, Rhoda | 4 | 5 | 20 | Very High | 29/03/21 - Risk created.Controls to be confirmed | 4 | 5 | 20 | Very High | Update March 2021 - New risk |