



**Item No. 17**

**Meeting Date Wednesday 8<sup>th</sup> September 2021**

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

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**Risk Management Quarterly Update – Q1 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 July 2021 in respect of changes to risk in the quarter ending June 2021.

**Background/Engagement:**

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

**Recommendations:**

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

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

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

Risks to the delivery of the Strategic Plan are identified in the IJB Risk Register

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

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	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).
<b>Personnel:</b>	Risks with a potential impact on staff are identified in the risk registers.
<b>Carers:</b>	N/A
<b>Provider Organisations:</b>	Risks in relation to Provider Organisations are identified in the risk registers.
<b>Equalities:</b>	N/A
<b>Fairer Scotland Compliance:</b>	N/A
<b>Financial:</b>	Risks with a potential financial impact are identified in the risk registers.
<b>Legal:</b>	Risks with a potential legal impact are identified in the risk registers.
<b>Economic Impact:</b>	N/A
<b>Sustainability:</b>	N/A
<b>Sustainable Procurement and Article 19:</b>	N/A
<b>Risk Implications:</b>	N/A
<b>Implications for Glasgow City Council:</b>	Risk implications to Glasgow City Council are detailed in the Social Care risk register
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Risk implications to NHS GGC are detailed in the Health 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 July 2021 in respect of changes to risk in the quarter from 1 April 2021 to 30 June 2021.

### 2. Integration Joint Board Risk Register

- 2.1. The Integration Joint Board Risk Register is maintained, updated and reported in line with the Glasgow City IJB Risk Management Policy.
- 2.2. There were no risks added to or removed from this risk register during Q1.
- 2.3. There were no existing risks where the current risk level increased during Q1.
- 2.4. There were two existing risks where the current risk level decreased during Q1:
  - *Ref 0942: Financial Implications of responding to COVID 19.* This risk score has been decreased but remains at 'High'. The ACO (Finance) advised that the Scottish Government Covid funding for 2020/21 has been received and the residual probability of this risk can now be reduced.
  - *Ref 0518: External Providers financial stability.* This risk score has been decreased from 'Very High' to 'Medium'. The ACO (Finance) advised that only 8% of providers are not paying SLW therefore the impact and probability of this risk can be reduced.
- 2.5. At the conclusion of the July 2021 review there were **10** live risks on the register, with **2** risks having a current risk level of 'Very High', **5** risks with a risk level of 'High', **2** risk with a risk level of 'Medium' and **1** risk with a risk level of 'Low'
- 2.6. All risks with a current risk level of 'Very High' or 'High' are reviewed every quarter, and are shown in Appendix A
- 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 September 2021.

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### 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 have been four new risks added to the register in Q1.
- *Ref 1596: Mental Health Officer Shortage.* This risk is 'Very High' and relates to ongoing vacancies and staff turnover of Mental Health Officers and the resulting impact on service delivery. It was agreed at the SMT meeting on 10<sup>th</sup> April that this risk should be escalated from the Integrated Adult Services risk register to the HSCP Social Care Risk register.
  - *Ref 1594: Older People Care Homes - Application of Open with Care guidance applicable to visiting within HSCP Care Homes.* This risk is 'Medium' and relates to the service's implementation of the Open with Care guidance with restrictions on access to the wider community, overnight stays and transportation within relative's cars. This has been added as a temporary measure and may be removed once new guidance has been published.
  - *Ref 1593: Older People Care Homes – Extended use of Face Mask guidance 2021.* This risk is assessed as 'Low' and relates to the implementation of guidance issued by the Scottish Government's Chief Nursing Officer and the resulting human rights and operational concerns. This has been added as a temporary measure and may be removed once new guidance has been published.
- 3.3. There have been two risks removed from this register during Q1.
- *Ref 0557: Failure to deliver planned new care facilities within budget.* This 'Low' risk has been closed. The Risk Owner confirmed that this risk can be closed as these new care facilities are fully operational.
  - *Ref 0564: Insufficient funding for Scottish Living Wage.* This 'Low' risk has been closed. The Risk Owner confirmed that there has been no change to this risk since 2011 and can now be closed.
- 3.4. No risks on this register either increased or decreased during Q1.
- 3.5. At the conclusion of the July 2021 review there were **29** 'live' risks on the register, with **13** risks having a current risk level of 'Very High, **7** risks with a risk level of High, **6** with a risk level of Medium and **3** risks with a risk level of 'Low'.
- 3.6. All risks with a current risk level of 'Very High' or 'High' are reviewed every quarter, and displayed in Appendix A.

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- 3.7. 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.
- 3.8. The next quarterly review of the IJB Risk Register is scheduled to be carried out in September 2021.

### 4. Health Risk Register

- 4.1. The Glasgow City Health Risk Register is currently maintained, updated and reported in line with the NHS GGC Risk Management Policy, and collates the most significant risks as identified in locality and service risk registers. The register was last reviewed in March 2021.
- 4.2. There were three new risks added to the Health Risk Register since the last Quarterly review.
- *Ref 3011: Disengagement/ lack of contact with service users* has been added with a 'Very High' score. There is lack of contact with service users, in particular face-to-face contact, due to Covid restrictions.
  - *Ref 3013: Increased demand for Mental Health Services due to Covid* has been added with a 'Very High' score. There is a potential increase in demand of Mental Health services due to Covid.
  - *Ref 3015: Staffing shortages – Learning Disability Nurses team.* This risk has been added with a 'High' score. There are staffing shortages identified in the North East Learning Disability teams.
- 4.3. There were no risks where the current risk level increased or decreased since the last Quarterly review.
- 4.4. The risks on the Health Risk Register that were 'Very High' and 'High' after the July 2021 review are shown in Appendix A.
- 4.5. The next quarterly review of the Health Risk Register is scheduled to be carried out September 2021.

### 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													
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"> <li>Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB</li> <li>Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets</li> <li>HSCP will actively engage with Partner Bodies in budget planning process for 2019-20 and beyond identifying dependencies and risks associated with any proposals.</li> <li>Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored.</li> <li>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.</li> </ul>	4	5	20	Very High	July 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	<ul style="list-style-type: none"> <li>Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB</li> <li>Delivery of savings will continue to be tarcked and monitored by the Transformation Programme Board</li> <li>HSCP will actively engage with the Scottish Government on the impact of responding to COVID-19</li> <li>Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored</li> </ul>	4	4	20	Very High	July 2021 - 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"> <li>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</li> <li>Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets</li> <li>Governance / reporting mechanism for Transformation Programme in development</li> <li>Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB</li> <li>The impact of responding to COVID-19 on delivery of the Strategic Plan will continue to be assessed.</li> <li>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</li> </ul>	4	4	16	High	July 2021 - Risk confirmed as accurate

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				Consequence	Likelihood	Risk Rating		Risk Level	Consequence	Likelihood		Risk Rating	Risk Level
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"> <li>Workload and resource monitoring continues to be undertaken across the partnership (for example, through one-to-one supervision)</li> <li>Ongoing review of support (including work undertaken and resources being used) required for integrated arrangements</li> <li>Workforce Planning sub-group meets fortnightly to review workforce planning matters (including requests to fill vacancies)</li> <li>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.</li> <li>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</li> </ul>	4	4	16	High	July 2021 - Risk confirmed as accurate. Update made to the mitigation and control which are " HSCP Operational Recovery Plans and Service Recovery Governance Arrangements in place".
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	<p>A number of measures being taken to mitigate the lack of qualified staff include:</p> <ul style="list-style-type: none"> <li>Phasing recruitment</li> <li>Making local vacancy approval processes more efficient</li> <li>Developing alternative skill mix models</li> <li>Recruiting into trainee posts and supporting less experienced staff to obtain necessary experience.</li> </ul>	4	4	16	High	July 2021 - 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
				Consequence	Likelihood	Risk Rating	Risk Level		Consequence	Likelihood	Risk Rating	Risk Level	
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	<ul style="list-style-type: none"> <li>All costs associated with responding to COVID-19 are being tracked</li> <li>IJB is actively engaging with Scottish Government and providing regular updates on the associated costs</li> <li>Governance arrangements are in place re approval and monitoring of costs</li> <li>IJB is actively engaging with third and independent sector in relation to their associated costs.</li> <li>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.</li> <li>Scottish Government Covid funding received for 2020/21</li> </ul>	3	4	12	High	July 2021 - Risk score reduced. Risk owner requested for the residual score to be lowered to possible/major (4x3) with a score of 12. This is due to Scottish Government Covid funding being received for 2020/21.



Social Care Risk Register													
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1596	Mental Health Officer shortage	RISK: Pressure on MHO activity due to on-going vacancies and staff turnover CAUSE: Issue due to recruitment authorisation process/PVG/reference checks and is under constant review. Workforce data shows high turnover is impacted by number of staff having MHO status who can retire at 55 and are opting to do so EFFECT: This is likely to continue to impact over next 2 years when all staff with MHO pension status will have gone. Universities only have one intake a year so availability of newly qualified staff is more limited	Jackie Kerr	5	5	25	Very High	<ul style="list-style-type: none"> <li>MHO pressures in Social Work, this is due to increased demand and ability to recruit</li> <li>We are encouraging existing staff to undertake MHO training and attempting to recruit additional staff and reviewing our duty system</li> </ul>	5	5	25	Very High	July 2021 - At the SMT meeting of 20th April it was agreed that the risk of MHO shortages (1545) on the Adult Services integrated risk register should be escalated to the HSCP Social Care Risk Register. This risk will continue to be monitored. Further information are required on the controls and mitigations of this risk and responsible owner has been requested to complete this section.
559	Impact of Welfare Reform on demand for services	RISK: There is an increased demand for social work services due to Welfare Reform, COVID19 related financial hardship and the roll-out of new Scottish Benefits. CAUSE: Implementation of welfare reforms including benefit cap and universal credit. Financial hardship related to COVID19. Knowledge deficit around new Scottish Benefits EFFECT: Increased deprivation for citizens, reduced ability to meet demands on our services	Susanne Millar	5	5	25	Very High	<ul style="list-style-type: none"> <li>Contribution to the corporate welfare reform group and benefit cap working group.</li> <li>Effective communications with service users and other stakeholders</li> <li>Welfare Rights advice and support given to 437 referrals from those who were shielding because of COVID19.</li> <li>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.</li> <li>Welfare Reform training delivered to HSCP staff and 3rd sector and provided via Microsoft Teams.</li> <li>Training on Social Security system and referral pathways given to Glasgow Helps staff supporting those struggling financially due to COVID19.</li> <li>Monthly briefings on Universal Credit sent to Welfare Rights Officers/Money Advisors.</li> <li>Training widely provided on changes impacting EEA Nationals and scope and timetable of roll-out of new Scottish Benefits</li> </ul>	4	5	20	Very High	July 2021 - Risk confirmed as accurate. There has been updates to the risk description, mitigation and control text as the previous information was considered dated. This information now reflects on current Welfare Rights processes and training.
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 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	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> <li>Internal team established to manage our input to the Inquiry. This team will liaise with the PR office accordingly.</li> <li>Internal team includes legal representatives in order that we manage any claims.</li> <li>Ongoing monitoring and review of resources utilised to facilitate the Inquiry.</li> <li>Existing employee support mechanisms through HR.</li> <li>Existing health and social care support services for service users.</li> </ul>	4	5	20	Very High	July 2021 - No change to risk score

Social Care Risk Register													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
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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"> <li>Industrial Relations Strategy in place</li> <li>Monthly meetings at Director level with senior Trade Union officials</li> <li>Business Continuity Reps identified in each service area</li> <li>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</li> <li>Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC SIT (SWS has fed into this process).</li> <li>2019 Business Continuity lifecycle is being actioned by the Heads of Planning</li> <li>Business Impact Analyses have been reviewed and completed across the HSCP</li> <li>Business Continuity Plans for localities have been reviewed and completed across the HSCP</li> <li>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.</li> <li>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</li> </ul>	4	5	20	Very High	July 2021 - No change to risk score. The mitigating and control actions have been updated. The removal of reference to EU Exit Readiness Group and also of BC Lifecycle being actioned by Heads of Planning in 2019 has been removed. There has been addition of HSCP Business Continuity Forum which has been convened and currently meeting on a monthly basis.
569	Unsuitability or failure of ICT systems	RISK: ICT systems used by SWS, and in particular ex-Cordia systems, for the delivery of statutory duties are not fit for purpose or are bespoke and not maintained CAUSE:Glasgow City Council arrangements with CGI for the provision of ICT don't meet the specific needs of Social Work Services, ex-Cordia IT staff now in CGI are moved to non-Cordia system work or leave the organisation resulting in loss of expertise and system knowledge. EFFECT: impact on delivery of statutory duties, service users/public/vulnerable people come to harm, significant reputational, financial and operational harm to the organisation, efficiency savings become more difficult to achieve.	Allison Eccles	4	5	20	Very High	<ul style="list-style-type: none"> <li>The Strategic Innovation and Technology Team (SIT) has been established by GCC to oversee the contract with CGI.</li> <li>An HSCP Business Partner to SIT has been appointed.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	4	5	20	Very High	July 2021 - 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: 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"> <li>Fortnightly Integration Transformation Board meetings</li> <li>Weekly Executive Group meetings to approve critical progress issues</li> <li>CSWO led SMT's in both Adult and Children and family Services review and progress</li> <li>Performance Management Framework incorporating City-wide, local and care group performance reporting</li> <li>Regular planned and structured liaison with providers re: changes</li> <li>Service User engagement</li> <li>Trade Union liaison at strategic and local levels</li> </ul>	4	4	16	Very High	July 2021 - Risk confirmed as accurate

Social Care Risk Register													
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				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	<ul style="list-style-type: none"> <li>Trade Union liaison at strategic and local levels.</li> <li>HSCP Workforce Planning Sub-group and Board chaired by Chief Officer (Finance &amp; Resources) which feeds directly into the Executive Group and Leadership Team. It comprises Chief Officer (Planning, Strategy &amp; Commissioning/CSWO), Chief Officer (Operations) and HR reps from SWS and NHS. Chief Officer (Planning, Strategy &amp; Commissioning/CSWO) advises group of any potential risks in relation to staffing reductions.</li> <li>Local performance management and supervision systems in place.</li> <li>Workforce planning arrangements for care groups being finalised.</li> <li>Training and development programme for MHOs in place.</li> <li>New AWI protocols agreed at HSCP and SWS Governance Groups</li> <li>Regular updated workforce planning monitoring reports (by Locality) for all care groups in place.</li> </ul>	4	4	16	Very High	July 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	<ul style="list-style-type: none"> <li>Issue highlighted to Glasgow's Public Protection Chief Officers Group</li> <li>Impact report completed by Social Work Scotland and further national work under consideration</li> <li>Legal advice taken by HR advising no change to recruitment or employment policies</li> <li>Sufficient staff currently vetted and able to make use of system in collaboration with MAPPA partners and responsible authorities</li> </ul>	4	4	16	Very High	July 2021 - Risk confirmed as accurate
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	<ul style="list-style-type: none"> <li>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.</li> <li>Management Information Systems detail reports to cover all aspects of absence management process. In addition, case reviews are held regularly.</li> <li>Management of Absence Action Plan plots progress in developments in this area and is reviewed annually.</li> <li>Heads of Service have established an attendance management group to review strategy and recommend updates and improvements with target for action plan</li> <li>Full briefing on new absence policy has been delivered via Toolbox Talks with supervisory and management staff.</li> <li>Data cleansing of attendance levels has been carried out</li> <li>Equal Pay project has reducing absence as an objective and is included in the group's action plan.</li> <li>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 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</li> </ul>	4	4	16	Very High	July 2021 - Risk confirmed as accurate

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				Consequence	Likelihood	Risk Rating		Risk Level	Consequence	Likelihood		Risk Rating	Risk Level
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"> <li>City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice.</li> <li>MAPPA Strategic Oversight Group meets every 3 months</li> <li>MAPPA Operational Group meets every 6 weeks</li> <li>MAPPA national guidance</li> <li>Multi agency Risk Register in place and standing item on the agenda of both meeting structures</li> <li>NASSO meeting every quarter with RSL providers</li> <li>Memorandum of Understanding in place between statutory agencies and reviewed annually</li> <li>Large scale Hampden event Feb 2020 with key partners sharing practice Additional training now rolled out</li> </ul>	5	3	15	Very High	July 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	<ul style="list-style-type: none"> <li>Child Protection Committee and sub groups meet regularly</li> <li>Local area CP forums in place</li> <li>Quarterly meeting of Chief Officers group</li> <li>Management information produced and reviewed monthly at CP Quality Assurance Sub-group</li> <li>1/2 yearly LMR process overseen and coordinated by CP team</li> <li>ASM structure providing QA, monitoring and objectivity to local practice</li> <li>Robust single agency and multi agency training programme in place</li> <li>Weekly contingency planning arrangements with Heads of Service</li> <li>Home visit guidance issued</li> <li>Weekly data collation illustrating demands/trends</li> </ul>	5	3	15	Very High	July 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	<ul style="list-style-type: none"> <li>Adult Protection Committee and sub groups in place</li> <li>Local Area Adult Protection Forums and multi-agency Local Management Reviews embedded</li> <li>Quarterly meeting of Chief Officers Group</li> <li>ASP management information produced and reviewed quarterly at Adult Services Core leadership and Older People's clinical and care governance meetings</li> <li>ASM structure and multi-agency training programme in place</li> <li>Quality Assurance sub group of Adult Support and Protection Committee now in place, which monitors the work plan and highlights areas for further consideration</li> <li>Home visit guidance issued</li> <li>Weekly data collation illustrating demands/trends</li> </ul>	5	3	15	Very High	July 2021 - Risk confirmed as accurate



Social Care Risk Register													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
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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 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</p>	Allison Eccles	5	3	15	Very High	<ul style="list-style-type: none"> <li>•We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users.</li> <li>•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</li> <li>•Work is continuing on the rollout of the transformational change programme on overnight supports to support the reduction of the reliance on sleepover support.</li> <li>• outcome of the Appeal of legal rulings on sleepover will be considered by legal and the with any necessary actions undertaken.</li> <li>• As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow &amp; 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</li> </ul>	5	3	15	Very High	July 2021 - Risk confirmed as accurate

Social Care Risk Register													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
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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	<p>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.</p> <ul style="list-style-type: none"> <li>• Ongoing adherence to COSLA guidance for commissioners during this period and financial support being introduced in a measured way.</li> <li>• As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow &amp; 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.</li> <li>• 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.</li> </ul>	5	3	15	Very High	July 2021 - 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 timely discharges from hospital.</p>	Sharon Wearing	3	5	15	Very High	<ul style="list-style-type: none"> <li>• EquipU store service meeting regularly to review the situation.</li> <li>• Store has increased stock levels on some items where possible and the EquipU Project Team are researching and sourcing alternative products where possible</li> <li>• 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</li> <li>• EquipU partners are updated regularly on issues associated with delays and disruption in supply chains.</li> <li>• Additional resources have been put into maximising recycled equipment from uplifts and fast-tracking equipment back into available stock</li> <li>• EquipU partners are updated regularly on issues associated with delays and disruption in supply chains.</li> <li>• 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.</li> </ul>	3	5	15	Very High	July 2021 - New risk added. Probability for this risk has been set to the highest level of 5 (Almost Certain) as this risk is currently occurring.

Social Care Risk Register													
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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	<ul style="list-style-type: none"> <li>Information Security Governance via Information Security Board.</li> <li>Policies and guidance regularly updated and annual mandatory training provided via GOLD or leaflet.</li> <li>Information sharing protocol with NHSGG&amp;C has been updated and circulated for sign-off</li> <li>All ICT developments progressed through project management methodology which includes risk logs and Data Protection Impact Assessments are undertaken as required.</li> <li>The majority of devices are now encrypted and authorisation process in place for unencrypted devices.</li> <li>Secure email and Objective Connect available for secure data sharing</li> <li>Secure email blueprint (including TLS) now implemented</li> <li>Protective Marking to be rolled out in SWS in 2019</li> <li>Site and Information Security Audit programme in place for SWS establishments and services</li> <li>Containment process in place for accidental email breach</li> <li>Staff briefings on data protection (GDPR) and information security briefings issued regularly</li> <li>Use of is2a and/or is2b procedure and forms for staff removing data from offices</li> <li>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</li> </ul>	4	3	12	High	July 2021 - Risk confirmed as accurate
544	Failure to meet Health & Safety statutory requirements	RISK: Failure to meet statutory Health & Safety requirements CAUSE: Personnel fail to follow procedures; personal are not appropriately trained EFFECT: major loss of service through establishment fire, major catastrophe or infections; or singular catastrophic incidents which could result in death or serious injury of service users and/or staff.	Christina Heuston	5	4	20	Very High	<ul style="list-style-type: none"> <li>Service is a member of the Council's Asbestos Strategic Management Group that monitors 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 Asbestos Management Standard issues June 2014</li> <li>The Service has replaced a number of older buildings containing Asbestos with new buildings (asbestos banned from use in new buildings) reducing the possible exposure.</li> <li>Departmental Health &amp; Safety Policy &amp; manuals</li> <li>Fire safety management system.</li> <li>H&amp;S risk assessment processes, e.g. fire, legionella, alarms etc.</li> <li>H&amp;S respond to all audit and inspection requirements.</li> <li>Emergency procedures in place for all service user accommodation</li> <li>Range of H&amp;S training in place e.g. Fire Wardens, Manual Handling etc.</li> <li>Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place.</li> <li>Monitoring of claims.</li> <li>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</li> <li>Legionella risk managed with the assistance of CGI.</li> </ul>	4	3	12	High	July 2021 - Risk confirmed as accurate

Social Care Risk Register													
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547	Impact of failure of third parties and partners	RISK: contractor/partner arrangements fail CAUSE: political and socio-economic factors; providers' financial position; failure to comply with regulatory/legislative changes EFFECT: failure to deliver services appropriately with a provider or other agencies leading to a failure to care/protect service users; increased demand on resources; financial implications.	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> <li>Contract Management Framework.</li> <li>Contractor Risk Ratings Matrix.</li> <li>Procurement activity undertaken in accordance with written agreed procedures.</li> <li>All contractual arrangements over the approved thresholds referred to appropriate committee for approval.</li> <li>Ensuring providers/other agencies have health and safety procedures/arrangements in place</li> <li>Regular meetings with key providers regarding strategic provider related issues</li> <li>As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow &amp; 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.</li> </ul>	4	3	12	High	July 2021 - Risk confirmed as accurate



Extract of HSCP/Health risks from Datix (02 July 2021)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Controls	Current Risk Level				Latest Update
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
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	On-going work with Recruitment Services to review recruitment strategy for Prison Healthcare - Workforce Planning Group commencing in January 2019 to review current workforce needs. 29/03/21 - Escalated Moderate to V 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	July 2021 - No change to risk or risk score
2460	MHO Shortage	Pressure on MHO activity due to on-going vacancies and staff turnover. 17/09/19 - 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  RE: 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 23/07/19 - Risk unchanged. 17/09/19 - Risk unchanged, remains high. See update for info. 06/01/20 - Situation remains unchanged despite recent recruitment drive – on going staff retirements and increased workload continues to result in significant pressure in system and ability to respond timeously to demand. 06/04/20 - workload prioritisation due to COVID-19 and staff shortages due to requirement to limit attendance at work means this risk remains high 06/10/20 - Recruitment process has concluded (ongoing with new recruitment). Capacity is better but situation remains difficult at times due to ongoing Covid-19 restrictions. Risk reduced to medium. 29/03/21 - Escalated Medium to V HIGH.	5	5	25	Very High	July 2021 - No change to risk or risk score
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, SLA being developed for SCASS, additional lists put on at weekends to manage waiting times for other services. COVID contingency planning in place. 23/12/20 - Waiting list pressures remain in the Gender service and Counselling service. The impact of COVID has significantly increased patient waits. A plan to look at a strategy for both of these services is needed to see how to overcome the waiting time challenges. 29/03/21 - Risk reassigned from JS to RMCL. Increased staffing in Gender Service. Further action required - discussions needed with Scottish Government for Gender Services.	5	5	25	Very High	July 2021 - No change to risk or 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 Leverdale Hospital are due refresher training.	MacDonald, Colin	5	5	25	Very High	Interim measures being investigated. 23/12/20 - NO UPDATE AVAILABLE. 02/07 - Risk unchanged	5	5	25	Very High	July 2021 - No change to risk or risk score

Extract of HSCP/Health risks from Datix (02 July 2021)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Controls	Current Risk Level			Latest Update		
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 planned which will improve patients ability to navigate through the telephone system and on-line booking is now available. 23/12/20 - Switchboard staffing a priority within the admin service. The telephone service is supported by the Board wide contract. Online appointments have been increased and are well used by patients. The plan will be to increase further post COVID. Risk reduced - MODERATE. 29/03/21 - Escalated Moderate to V 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	July 2021 - No change to risk or risk score
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. 23/12/20 - Sandyford Central accommodation is on the HSCP agenda as priority. Staffing levels are monitored and clinics planned accordingly based on the accommodation available to us. More of a challenge currently due to social distancing for COVID. Use of our external sites in Woodside, Parkhead, Paisley and Clydebank are key to this. 29/03/21 - Risk reassigned from JS to RMCL. Accommodation on HSCP agenda as priority.	5	5	25	Very High	July 2021 - No change to risk or risk score
2889	Recruitment and retention of registered nurses Band 5	Shortage of Band 5 nurses across GGC inpatient and community. Staff retention is poor with quick and high turnover of staff. This is a national issue.	Cribbin, Lorraine	5	5	25	Very High	Use of Bank staff and Agency staff. 02/07/2021 - Risk unchanged.	5	5	25	Very High	July 2021 - No change to risk or 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. 02/07/21 - Risk unchanged.	5	5	25	Very High	July 2021 - No change to risk or 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	July 2021 - No change to risk or 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	July 2021 - No change to risk or risk score
2901	Staff shortages - Psychotherapy	Recruiting right skill mix is an issue	MacDonald, Colin	5	5	25	Very High	29/03/21 Psychotherapy - reviewing skill mix; redesigning roles, offering training opportunities and looking at using different grades of staff. 02/07/21 - Risk unchanged	5	5	25	Very High	July 2021 - No change to risk or risk score

Extract of HSCP/Health risks from Datix (02 July 2021)													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Controls	Current Risk Level			Latest Update		
2902	Staff shortages - ADRS	Staff shortages of Band 5/6 psychiatric nurses.	Gaffney, Kelda	5	5	25	Very High	29/03/21 - Use of bank staff. 02/07/21 - We are 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.**	5	5	25	Very High	July 2021 - No change to risk or 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	29/03/21 - Issue has been escalated. Capital required to resolve. 02/07/21 - Risk unchanged	5	5	25	Very High	July 2021 - No change to risk or risk score
2904	Inpatient estate - fixtures and fittings	Risk of harm to patients - ligature risks from fixtures and fittings. Risk to organisation - potential fines from HSE. Highlighted in recommendations from Mental Welfare Commission Local Visit Reports.	MacDonald, Colin	5	5	25	Very High	29/03/21 - Local mitigation measures in place to review ligature points. 02/07/21 - Risk unchanged	5	5	25	Very High	July 2021 - No change to risk or 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	29/03/21 - There is sufficient supply for the immediate future but contingency plans are being considered. 02/07/21 - Risk unchanged	5	5	25	Very High	July 2021 - No change to risk or risk score