



Item No: 19

Meeting Date: Wednesday 23rd September 2020

Glasgow City Integration Joint Board

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ANNUAL RISK MANAGEMENT REVIEW 2019/20

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 2019/20.

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.

Recommendations:

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.

Relevance to Integration Joint Board Strategic Plan:

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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:

The maintenance of a risk management framework within the Partnership aligns with Outcome 9

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	(Resources are used effectively and efficiently in the provision of health and social care services).
Personnel:	Personnel risks are identified in the registers
Carers:	N/A
Provider Organisations:	Risks in relation to provider organisations are identified in the registers
Equalities:	N/A
Fairer Scotland Compliance:	N/A
Financial:	Financial risks are identified in the registers
Legal:	Legal impacts of risks are identified in the registers
Economic Impact:	Economic impacts of risks are identified in the registers
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	All risk implications are detailed in the registers
Implications for Glasgow City Council:	All risk implications are detailed in the registers
Implications for NHS Greater Glasgow & Clyde:	All risk implications are detailed in the registers

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

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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 2019/20.

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. As per section 15.5 of the Integration Scheme, the risk management strategy will be “subject to regular review and revision at least annually by the Integration Joint Board”.
- 3.2. The IJB Finance, Audit & Scrutiny Committee instructed officers to carry out a desktop review of the IJB Risk Management Strategy at its meeting on [4 September 2019](#). Amendments to the Strategy that were recommended by this review were formally approved by the IJB Finance, Audit & Scrutiny Committee at its meeting on [19 February 2020](#).

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. For Quarters 1 through 3 of 2019/20 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.
- 4.3. Due to the impact of COVID-19 on business-as-usual and the introduction of temporary governance arrangements, the 2019/20 Quarter 4 review was carried out but not reported to the SMT or the Finance, Audit & Scrutiny Committee.

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. Prior to the impact of COVID-19, the highest risks on the IJB Risk Register during 2019/20 were the level of savings required in 2019/20 and beyond and the risk of being able to deliver the Strategic Plan on budget.
- 5.3. Significant risks that were added to the register at the close of 2019/20 are in relation to not receiving sufficient funding to fully meet the costs of the

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responding to COVID-19 and the additional risk of being unable to deliver 2020-21 savings targets specifically due to the impact of COVID-19.

- 5.4. The risks to the IJB arising from the impact of the transfer of services from Cordia into the Partnership and the potential impact of the equal pay settlement decreased significantly towards the close of 2019/20.
- 5.5. At the close of 2019/20, there were **11** 'live' risks on the IJB Risk Register, with **3** items having a risk level of 'Very High', **7** items with a risk level of 'High' and **1** items with a risk level of 'Low'.
- 5.6. A summary of the IJB Risk Register 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. Prior to the impact of COVID-19 the highest risks on the Social Care risk register continued to be the potential impact of the National Abuse Inquiry and the implementation of Welfare Reform.
- 6.3. Towards the close of 2019/20, the risks of financial challenges and sustainability of external providers increased as a result of COVID-19. Other risks, such as the risk of disruption to Social Care services and the impact of staff absence levels on the delivery of services, also increased towards the close of 2019/20.
- 6.4. At the end of 2019/20 there were **27** 'live' risks on the register, with **13** items having a current risk level of 'Very High', **12** items with a risk level of 'High' and **1** item with a risk level of 'Medium'.
- 6.5. The highest risks on the Social Care Risk Register 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. Prior to COVID-19 the highest risks on the Health Risk Register are those arising from staff shortages across various services and the risk of prescribing costs exceeding budget.
- 7.3. Towards the close of 2019/20 the potential risks to Mental Health services from increased demand as a result from COVID-19 were beginning to emerge and continue to be monitored. Inpatient bed capacity had already been identified as a high risk through 2019/20 and continues to be so.
- 7.4. The highest risks on the Health Risk Register are attached as part of Appendix A.

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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.

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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	
518	External Providers financial stability	RISK: Financial challenges faced by some provider organisations (in particular those providing sleepovers) to pay Scottish Living Wage could destabilise 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	3	15	High	<ul style="list-style-type: none"> We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. We continue to ensure timeous regular payment to provider organisations We have offered 3 SLW increases across all of the purchased service contracts on condition of payment of the SLW including for Sleepovers. We continue to ensure that the payment of the additional funding for the Scottish Living Wage is made timeously We are developing a transformational change programme on overnight supports which will seek to offer an expanded range of options for providing overnight supports and reduce the reliance on sleepover support. Proof of concept work with providers will enable us to ensure that as far as possible we have lean processes in our dealings with providers and that we can co-produce new ways of working to ensure efficiency. Appeal of legal rulings on sleepover currently state it is not necessary to pay each hour worked at the NLW but the HMRC guidance has not yet changed. As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group that reports to both the NHS Strategic Executive Group and a national Care Home Oversight Group. In Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Interim Chief Officer, that monitors and reviews output from daily safety huddles that cover both directly provided and purchased care homes. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements. 	5	4	20	Very High	Update July 2020: Residual probability and impact has been increased to reflect current situation with provider sustainability due to the COVID-19 pandemic
519	IJB business continuity	RISK: IJB unable to fulfill its functions due to a failure of or disruption to property, people and/or infrastructure CAUSE: Expected or unexpected events such as industrial action, pandemic flu, civil emergency etc EFFECT: Potential breach of statutory duties, negative impact on the HSCP and its partner bodies	Sharon Wearing	3	3	9	Medium	<ul style="list-style-type: none"> Existing Business Continuity Planning framework for Glasgow City Council is in place in respect of crisis management and continuity of support services within the HSCP Business Continuity for the IJB is incorporated into the Business Continuity Plan for Business Development. Annual assurance statement to the IJB on business continuity arrangements within the HSCP is presented to the Finance, Audit and Scrutiny Committee (last presented on 24 April 2019). In response to the Coronavirus outbreak and the requirement to move quickly and decisively to manage the subsequent pressures on health and social care services in the City, Glasgow City IJB has moved to initiate temporary decision making arrangements. The temporary governance arrangements were discussed and approved by the Integration Joint Board on Wednesday 25 March 2020 and were reviewed regularly. At the review held on 5 August 2020 the decision was made to cease temporary arrangements and return to business as usual on 1 September 2020. 	4	5	20	Very High	Update July 2020: Residual probability and impact have been increased to reflect that this risk is occurring.
524	Level of savings required in 2019/20 and beyond	RISK: Inability to deliver appropriate level of essential services due to required level of savings CAUSE: Required level of savings in the Budget Service Plan in 2019/20 and beyond EFFECT: Unable to meet demand for services, failing to ensure safety and prevent harm to service user, failing to meet statutory requirements, failing to deliver part or all of the Strategic Plan	Sharon Wearing	4	5	20	Very High	<ul style="list-style-type: none"> Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets HSCP will actively engage with Partner Bodies in budget planning process for 2019-20 and beyond identifying dependencies and risks associated with any proposals. Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored. 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 July 2020: No change to current risk score. Mitigating actions updated to reflect monitoring of costs related to COVID-19

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				Consequence	Likelihood	Risk Rating	Risk Level		Consequence	Likelihood	Risk Rating	Risk Level	
512	Delivery of Strategic Plan within budget	RISK: The IJB is unable to budget within allocated resources CAUSE: Cost of delivery is higher than budgeted resources made available EFFECT: The IJB is unable to deliver on the Strategic Plan	Sharon Wearing	4	5	20	Very High	<ul style="list-style-type: none"> The Integration Scheme details the actions to be taken in the event of this and furthermore the contingency arrangements should parent bodies be unable/unwilling to provide additional funding Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets Governance / reporting mechanism for Transformation Programme in development Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB The impact of responding to COVID-19 on delivery of the Strategic Plan will continue to be assessed. As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expanded membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staffside. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and again has Trade Union and Staffside representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council. 	4	4	16	High	Update July 2020: No change to current risk score. Ongoing assessment of the impact of COVID-19 on delivery of the Strategic Plan added to mitigating actions
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	<ul style="list-style-type: none"> Workload and resource monitoring continues to be undertaken across the partnership (for example, through one-to-one supervision) Ongoing review of support (including work undertaken and resources being used) required for integrated arrangements Workforce Planning sub-group meets fortnightly to review workforce planning matters (including requests to fill vacancies) Implications of the need to re-divert resources to respond to COVID-19 on the ability to continue progress on integration of services will continue to be monitored. As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expanded membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staffside. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and again has Trade Union and Staffside representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council. 	4	4	16	High	Update July 2020: Residual probability has increased from 3 (possible) to 4 (likely) due to resources being diverted to respond to covid-19. Mitigation actions updated to reflect this
515	Partners' governance arrangements	RISK: Additional or changed governance arrangements place additional burden on IJB CAUSE: Partners put in place revised governance mechanisms between the IJB and themselves EFFECT: Increased bureaucracy and resources required in order to satisfy IJB governance arrangements	Susanne Millar	4	4	16	High	<ul style="list-style-type: none"> Chief Officer to maintain a visible and influencing presence in the development of any future governance arrangements to ensure that such potential arrangements are lean and manageable. 	4	4	16	High	Update July 2020: There were no changes to this risk since last reported to this Committee

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	
934	Deliverability of Primary Care Improvement Plan (PCIP)	RISK: Failure to deliver transformation of Primary Care services as specified in the Primary Care Improvement Plan (PCIP) CAUSE: Affordability, shortage of resources (qualified staff, suitable accommodation), lack of appropriate digital solution to support plan, unable to maintain sustainability, unable to quantify evidence of impact EFFECT: Impact on the delivery of the IJB's Strategic Plan and priorities resulting in negative impact on service users and patients and possible reputational or financial impact to the IJB.	Susanne Millar	4	4	16	High	A number of measures being taken to mitigate the lack of qualified staff include: Phasing recruitment Making local vacancy approval processes more efficient Developing alternative skill mix models Recruiting into trainee posts and supporting less experienced staff to obtain necessary experience.	4	4	16	High	Update July 2020: There were no changes to this risk since last reported to this Committee
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"> All costs associated with responding to COVID-19 are being tracked IJB is actively engaging with Scottish Government and providing regular updates on the associated costs Governance arrangements are in place re approval and monitoring of costs IJB is actively engaging with third and independent sector in relation to their associated costs. A financial tracker on covid-19 related expenditure (as part of the Local Mobilisation Plan) is updated on a 4 weekly basis, and submitted to the Scottish Government every 4 weeks. □ 	4	4	16	High	Update July 2020: This is a new risk that has been added in relation to covid-19 and the resources required to respond to it.
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"> Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB Delivery of savings will continue to be tracked and monitored by the Transformation Programme Board HSCP will actively engage with the Scottish Government on the impact of responding to COVID-19 Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored 	4	4	16	High	Update July 2020: This is a new risk that has been added in relation to covid-19 and the resources required to respond to it. The risk was originally added with a residual risk level of 'Very High', however the Risk Owner has since assessed that the financial projections for 2020-21 have reduced the probability of this risk so it has been reduced to 'High'.
514	Service delivery model uncertainty	RISK: Uncertainty around future service delivery models CAUSE: Uncertainty arising from COVID-19 EFFECT: Resistance, delay or compromise resulting in necessary developments or potential improvement opportunities not being fulfilled	Susanne Millar	3	3	9	Medium	<ul style="list-style-type: none"> High-level strategic vision articulated through the 2019-22 Strategic Plan Implementation actions for 2016/17 approved by IJB on 21/3/2016 provide some clarity and a framework for future service delivery. Other proposed transformation projects will be notified to the IJB as a matter of routine. Clear guidance on service development during interim period. Acceptance that ongoing challenges of both organisations mean standstill is not a viable option As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now 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 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 in line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council. 	3	4	12	High	Updated July 2020: Residual probability has increased due to increased uncertainty arising from COVID-19

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				Consequence	Likelihood	Risk Rating	Risk Level		Consequence	Likelihood	Risk Rating	Risk Level	
517	Differing terms and conditions	RISK: Partnership exposed to challenge on employment terms CAUSE: Different employment terms and conditions of partner bodies EFFECT: Detrimental impact on resources in order to investigate, defend and/or settle claims	Sharon Wearing	5	3	15	High	• Staff continue to be employed by 2 separate organisations and do not have the same terms and conditions, however Equal Pay claims don't compare across different employers and no terms and conditions being changed.	3	1	3	Low	Update July 2020: There were no changes to this risk since last reported to this Committee

Social Care Risk Register													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
				5	Likelihood Consequence	Risk Rating		5	Likelihood Consequence	Risk Rating			
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	<ul style="list-style-type: none"> 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 July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
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"> 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 July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
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	4	16	Very High	<ul style="list-style-type: none"> Industrial Relations Strategy in place Monthly meetings at Director level with senior Trade Union officials Business Continuity Reps identified in each service area The quarterly Business Continuity Working Group chaired by the service Business Continuity Champion is on hiatus. BCP is currently being overseen by the HSCP EU Exit Readiness Group Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC SIT (SWS has fed into this process). 2019 Business Continuity lifecycle is being actioned by the Heads of Planning Business Impact Analyses have been reviewed and completed across the HSCP Business Continuity Plans for localities have been reviewed and completed across the HSCP Executive Group has assumed role of SIMT and has increased frequency since March 2020 in response to the covid-19 pandemic and the impact on services. As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has 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 again has Trade Union and Staffside representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council. As part of the HSCP's response to the covid-19 pandemic, and in support of the additional governance arrangements put in place, a communications strategy was put in place to ensure that staff, service users, patients, IJB members and Elected Members were kept up to date about the impact on services and alternative arrangements put in place for the delivery of critical services. In addition to this, regular briefings to managers and staff across the Partnership are issued when relevant, e.g. when guidance on matters such as use of PPE, social distancing and HR policy amendments are issued. 	4	5	20	Very High	Update July 2020 - The residual probability of this risk has been changed this quarter (Apr - Jun) from 3 (possible) to 5 (almost certain) to reflect that this risk is currently occurring. Control actions have been updated to include establishment of Executive Group as SIMT. The residual risk has therefore changed from High to Very High. There were no changes to this risk in the previous quarter (Jan - Mar).

Social Care Risk Register													
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level			Control Actions	Current Risk Level			Latest Update		
				5	Likelihood Consequence	Risk Rating		5	Likelihood Consequence	Risk Rating			
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	4	16	Very High	<ul style="list-style-type: none"> The Strategic Innovation and Technology Team (SIT) has been established by GCC to oversee the contract with CGI. An HSCP Business Partner to SIT has been appointed. The contract is based on Output Based Specifications (OBSs) and there are OBSs for key systems (including careFirst, iWorld and LS/CMI) and all other ICT provision. There is a transformation programme to significantly improve a number of technologies. The Governance structures for ICT and Digital are being reviewed in light of the change in ICT contract and HSCP requirements. An interim business case has been approved for a replacement for careFirst which has systems for Home Care in scope, these being prioritised for implementation. 	4	5	20	Very High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
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"> Fortnightly Integration Transformation Board meetings Weekly Executive Group meetings to approve critical progress issues CSWO led SMT's in both Adult and Children and family Services review and progress Performance Management Framework incorporating City-wide, local and care group performance reporting Regular planned and structured liaison with providers re: changes Service User engagement Trade Union liaison at strategic and local levels 	4	4	16	Very High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
568	Workforce planning/reduction	RISK: that reduced staffing levels and loss of skilled staff might compromise the Service's ability to deliver services and carry out its statutory duties, including: - Services to LA and LAAC children; - MHO duties; - Duties under S22 of the Children Scotland Act 1995; - Provision of children's hearings reports and reports to Court; - Duties in relation to Adults with Incapacity legislation; - Duties in relation to S12 of the Social Work Scotland Act 1968. CAUSE: number of vacant posts, turnover of staff, length of time taken to recruit staff across both GCC and NHS GGC EFFECT: service users not receiving services they're entitled to, and which leaves them at increased risk.	Susanne Millar	4	5	20	Very High	<ul style="list-style-type: none"> Trade Union liaison at strategic and local levels. HSCP Workforce Planning Sub-group and Board chaired by Chief Officer (Finance & Resources) which feeds directly into the Executive Group and Leadership Team. It comprises Chief Officer (Planning, Strategy & Commissioning/CSWO), Chief Officer (Operations) and HR reps from SWS and NHS. Chief Officer (Planning, Strategy & Commissioning/CSWO) advises group of any potential risks in relation to staffing reductions. Local performance management and supervision systems in place. Workforce planning arrangements for care groups being finalised. Training and development programme for MHOs in place. New AWI protocols agreed at HSCP and SWS Governance Groups Regular updated workforce planning monitoring reports (by Locality) for all care groups in place. 	4	4	16	Very High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
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"> 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 July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).

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		Consequence	Likelihood	Risk Rating			
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"> Attendance Management team established within HR. This team details all aspects of absence management, including the control and recording of all data in relation to absence. Management Information Systems detail reports to cover all aspects of absence management process. In addition, case reviews are held regularly. Management of Absence Action Plan plots progress in developments in this area and is reviewed annually. Heads of Service have established an attendance management group to review strategy and recommend updates and improvements with target for action plan Full briefing on new absence policy has been delivered via Toolbox Talks with supervisory and management staff. Data cleansing of attendance levels has been carried out Equal Pay project has reducing absence as an objective and is included in the group's action plan. As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has 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 again has Trade Union and Staffside representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council 	4	4	16	Very High	Update July 2020 - This risk was originally in relation to the possible impact of the equal pay settlement, however covid-19 is now a significant cause of staff absence in this service so the probability and impact of the risk have been increased. This has increased the risk level from 'Medium' to 'Very High'. The Risk Owner reports that absence levels are starting to show signs of decreasing therefore the risk will continue to be monitored.
589	Failure of Care Services staff to register with SSSC	RISK: Failure of relevant staff to register with SSSC prior to summer 2020 CAUSE: Legislation requires that all relevant staff within Care Services must be registered by this date EFFECT: Inadequate staffing numbers which will impact on service provision	Frances McMeeking	5	5	25	Very High	<ul style="list-style-type: none"> Project Group has been established to co-ordinate response to this risk which will include communications plan and process in place for enabling in-scope staff to submit applications Currently engaging with SSSC and trade Union representatives to take a proactive approach to support staff/potential staff throughout the registration process. 	5	3	15	High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
553	Failure of MAPPA arrangements	RISK: Glasgow MAPPA arrangements fail CAUSE: Procedures not followed; staff not appropriately trained; information security breach EFFECT: risk of harm to Glasgow citizens from registered sex offenders; reputational/legal/financial impact to organisation.	Susanne Millar	5	4	20	Very High	<ul style="list-style-type: none"> City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice. MAPPA Strategic Oversight Group meets every 3 months MAPPA Operational Group meets every 6 weeks MAPPA national guidance Multi agency Risk Register in place and standing item on the agenda of both meeting structures NASSO meeting every quarter with RSL providers Memorandum of Understanding in place between statutory agencies and reviewed annually 	5	3	15	High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
554	Failure of Child Protection procedures	RISK: failure in the implementation of Child Protection procedures and arrangements CAUSE: Procedures are ineffective; procedures are not followed; staff not appropriately trained; information security breach; lack of/ineffective governance EFFECT: increased and/or avoidable risk/harm to children and/or young people	Susanne Millar	5	4	20	Very High	<ul style="list-style-type: none"> Child Protection Committee and sub groups meet regularly Local area CP forums in place Quarterly meeting of Chief Officers group Management information produced and reviewed monthly at CP Quality Assurance Sub-group 1/2 yearly LMR process overseen and coordinated by CP team ASM structure providing QA, monitoring and objectivity to local practice Robust single agency and multi agency training programme in place 	5	3	15	High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
555	Failure of Adult Protection procedures	RISK: failure in the implementation of Adult Protection procedures and arrangements CAUSE: Procedures are ineffective; procedures are not followed; staff not appropriately trained; information security breach; lack of/ineffective governance EFFECT: increased or avoidable risk/harm to vulnerable adults; reputational/legal/financial implications	Susanne Millar	5	4	20	Very High	<ul style="list-style-type: none"> Adult Protection Committee and sub groups in place Local Area Adult Protection Forums and multi-agency Local Management Reviews embedded Quarterly meeting of Chief Officers Group ASP management information produced and reviewed quarterly at Adult Services Core leadership and Older People's clinical and care governance meetings ASM structure and multi-agency training programme in place Quality Assurance sub group of Adult Support and Protection Committee now in place, which monitors the work plan and highlights areas for further consideration 	5	3	15	High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).

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				5	3	15		5	3	15			
565	Financial challenges for external providers	<p>RISK: The financial challenges faced by some provider organisations (in particular those providing sleepovers and those delivering care at a low historical rate - at or below £15.20) and the requirement for them to provide the Scottish Living Wage has the potential to render them financially unviable and result in them exiting the market.</p> <p>CAUSE: Increasing costs on providers due to increasing pension, NLW and SLW and sleepover liabilities coupled with diminishing social care budgets available from contracting authorities. Increased costs due to the COVID-19 pandemic.</p> <p>EFFECT: If providers exited the market service users would be impacted due to enforced change of service provider – potentially with little or no notice. There may not be sufficient availability across other providers and whether they can take the work on at relatively short notice due to the recruitment and retention issues in social care. Where accommodation and support are linked</p>	Allison Eccles	5	3	15	High	<p>- We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. - We continue to ensure timeous regular payment to provider organisations - We have offered 3 SLW increases across all of the purchased service contracts on condition of payment of the SLW including for Sleepovers. - We continue to ensure that the payment of the additional funding for the Scottish Living Wage is made timeously - We are developing a transformational change programme on overnight supports which will seek to offer an expanded range of options for providing overnight supports and reduce the reliance on sleepover support. - Proof of concept work with providers will enable us to ensure that as far as possible we have lean processes in our dealings with providers and that we can co-produce new ways of working to ensure efficiency. - Appeal of legal rulings on sleepover currently state it is not necessary to pay each hour worked at the NLW but the HMRC guidance has not yet changed.</p> <p>- 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.</p>	5	3	15	High	Update July 2020: Although this risk was originally in relation to the SLW, covid-19 has placed additional pressures on provider organisations that increase the risk of financial challenge (see risk id 0978). The probability of this risk has therefore been reassessed from 2 (Unlikely) to 3 (Possible), increasing the risk level from Medium to High.
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	High	<ul style="list-style-type: none"> The HSCP has been working intensively with providers to ensure there is early identification of problems and early intervention The HSCP has committed to multi agency working with Health board and national agencies. The HSCP Executive Group is leading the Partnership response, and enhanced care home governance arrangements that have been put in place across the HSCP and GGC apply to both purchased and directly provided care homes. Ongoing adherence to COSLA guidance for commissioners during this period and financial support being introduced in a measured way. As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group that reports to both the NHS Strategic Executive Group and a national Care Home Oversight Group. In Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Interim Chief Officer, that monitors and reviews output from daily safety huddles that cover both directly provided and purchased care homes. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements. As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has 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 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 in line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council. 	5	3	15	High	Update July 2020: This is a new risk, added since the last report to the Committee.
548	Failure of ICT security	<p>RISK: Loss/misuse/breach of health and social care data within our responsibility</p> <p>CAUSE: IT system security failure, human error, hostile actor (internal or external)</p> <p>EFFECT: breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users affecting public and service user confidence</p>	Allison Eccles	5	5	25	Very High	<ul style="list-style-type: none"> Information Security Governance via Information Security Board. Policies and guidance regularly updated and annual mandatory training provided via GOLD or leaflet. Information sharing protocol with NHSGG&C has been updated and circulated for sign-off All ICT developments progressed through project management methodology which includes risk logs and Data Protection Impact Assessments are undertaken as required. The majority of devices are now encrypted and authorisation process in place for unencrypted devices. Secure email and Objective Connect available for secure data sharing Secure email blueprint (including TLS) now implemented Protective Marking to be rolled out in SWS in 2019 Site and Information Security Audit programme in place for SWS establishments and services Containment process in place for accidental email breach Staff briefings on data protection (GDPR) and information security briefings issued regularly Use of is2a and/or is2b procedure and forms for staff removing data from offices 	4	3	12	High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).

Social Care Risk Register													
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				Likelihood Consequence	Risk Rating	Risk Level		Likelihood Consequence	Risk Rating	Risk Level			
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"> 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 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. Departmental Health & Safety Policy & manuals Fire safety management system. H&S risk assessment processes, e.g. fire, legionella, alarms etc. H&S respond to all audit and inspection requirements. Emergency procedures in place for all service user accommodation Range of H&S training in place e.g. Fire Wardens, Manual Handling etc. Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place. Monitoring of claims. Managing Violence at Work Policy Document and monitoring of Violent Incident reports, this monitoring has identified the need to review the Violence training for Fieldwork staff, this review is currently underway with a target date of 6 weeks Legionella risk managed with the assistance of CGI. 	4	3	12	High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
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"> Contract Management Framework. Contractor Risk Ratings Matrix. Procurement activity undertaken in accordance with written agreed procedures. All contractual arrangements over the approved thresholds referred to appropriate committee for approval. Ensuring providers/other agencies have health and safety procedures/arrangements in place Regular meetings with key providers regarding strategic provider related issues As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group that reports to both the NHS Strategic Executive Group and a national Care Home Oversight Group. In Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Interim Chief Officer, that monitors and reviews output from daily safety huddles that cover both directly provided and purchased care homes. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements. 	4	3	12	High	Update July 2020 - Control actions updated to include enhanced care home governance arrangements that have been put in place as a result of covid-19.
572	Failure of Carefirst Disaster Recovery arrangements	RISK: Interim DR solution for Carefirst may not operate as expected CAUSE: Interim DR solution cannot be tested without either extended downtime or considerable cost EFFECT: Major disruption to operations, essential information not available possibly leading to harm for service users, staff or the public and/or failure to carry out statutory duties	Allison Eccles	4	3	12	High	<ul style="list-style-type: none"> Continuing to liaise with SIT regarding implementation of a more robust and tested solution An interim business case has been approved for a replacement for careFirst which will address DR arrangements 	4	3	12	High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).
571	Community Alarms affected by telephone provider(s)	RISK: Service user(s) community alarms do not function as required due to telephone line being switched from analogue to digital CAUSE: Telephone providers such as BT/Virgin switching customer line from analogue to digital, Provider not having information about which customers have community alarms that rely on telephone line being analogue EFFECT: service user unable to activate alarm, service user comes to serious harm or fatality, significant reputational, legal and financial harm to the organisation, loss of trust from public on the effectiveness of community alarms, may impact on delivery strategic priorities of the organisation.	Frances McMeeking	5	3	15	High	<ul style="list-style-type: none"> Service has shared telephone numbers of all community alarm service users with the telephone providers (BT, Virgin etc) to ensure their records are correct and up to date. Service has written to all Community Alarm service users to advise that if they are changing their telephone provider they must let them know that there is an alarm dependant on the line and it cannot be converted to a digital line otherwise their alarm will not function properly 	5	2	10	High	Update July 2020 - There were no changes to this risk this quarter (Apr - Jun) and no changes in the previous quarter (Jan - Mar).

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Risk Number	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level				Latest Update
			Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
2456	Psychological Therapies - Risk of deterioration of clients health due to lack of psychology services	Phillips, Katrina	4	5	20	Very High	Clients are seen by CMHT / Crisis Team, but may result in admission.	4	5	20	Very High	
1428	Prescribing costs - Prescribing costs exceeding the allocated budget threatening HSCP services	Groden, Richard	4	5	20	Very High	Budget performance monitoring. HSCP Prescribing Monitoring Group supports budget monitoring. Lead pharmacist reports may not be overspent and that Board has contingencies for this.	4	4	16	High	
1670	Medical and Nursing Cover - There is a risk that there is not enough medical or nursing cover for Sexual Assault Examinations provided by Archway and that contracted forensic Physicians are unable to fill the gap	Macleod, Rhoda	4	5	20	Very High	New Forensic contract Recent serview review recommends further development of service model. The rota is improving however risk remains high.	4	4	16	High	
2457	Adult Admissions - Risk of demand exceeding capacity for adult admission beds	Phillips, Katrina	4	4	16	High	local contingency plans use of beds across system when required escalation process	4	4	16	High	
2463	Supply of Enteral Feeding Products - Shortage of supply of enteral feeding products, may be exacerbated due to Brexit	Mitchell, Anne	4	4	16	High	Escalated to NHS GGC Brexit Group. Nutricia have confirmed they will have a 6 week stockpile of sundries in UK.	4	4	16	High	
1048	Psychological Therapies - Risk of targets not continuing to be met because of increase in workload.	Phillips, Katrina	4	4	16	High	Psychological Therapies Project Group Finance requires approval needed by CHP. □	4	4	16	High	
1417	Staffing - Future shortage of appropriate/competent staff compromising ability to deliver service	Egan, Julia	4	4	16	High	Recruitment arrangements. Succession and workforce planning. Chief Nurse preparing a paper for the HSCP on workforce requirements.	4	4	16	High	

Health Risk Register											
		Initial Risk Level				Current Risk Level					
2479	<p>Project 100 - Increasing the prison population by 100 would have a wholly negative impact on the NHS ability to meet the standards expected to provide healthcare to the patients at HMP Low Moss having huge ramifications of service delivery. This will bring an increased burden on staff as the focus will remain on basic service delivery which will again bring NHS Prison healthcare under further scrutiny considering the negative outcome form HMP Inspection report in 2017. The healthcare manager has escalated this announcement of increased intake to low moss population to NHS senior management to review and discuss contingency in current service delivery in relation the existing staff cohort. Please find a list of concerns highlighted the still remain but will be exacerbated.</p>	Simson, Karan	3	5	15	High	NHS/SPS heads of service meeting weekly to discuss risks associated with the implementation of said proposal and an action plan of the potential impact and ramifications is being collated. 100 extra prisoners and an already understaffed compliment with a very slow recruitment process. This remains the case and puts both staff and patients within our service at risk.	3	5	15	High
2459	<p>CMHT Staff Shortage - Due to shortage of nursing and OT staff within the CMHT unable to meet the demands of clinical activity. 16/09/19 - Risk is unchanged. We have system wide bed management arrangements and regular review of clinical activity in wards with ability to close to admissions if unable to meet safe staffing levels. Caseload mgt is completed monthly but due to high turnover of staff in both CMHT's and inpatients recruitment process takes around 7 months from raising vacancy to staff in post . This means by time we recruit we have lost more staff and have consistently run with 4-6 WTE shortages per team across nursing and medical staffing</p>	Phillips, Katrina	3	5	15	High	Caseload management Due to national shortage in available nursing and medical staffing the situation remains high risk with significant vacancies across the system. Reviewing current proof of concept changes as part of MH Strategy implantation to review workflow process to ease pressure.	3	5	15	High

Health Risk Register												
		Initial Risk Level				Current Risk Level						
2460	MHO Pressures - 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	Phillips, Katrina	3	5	15	High	Workload prioritisation 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.	3	5	15	High	
1511	GP practices - Glasgow City HSCP may experience local GMS practice unable to fulfil its contractual obligations requiring intervention and support sometimes at short notice	Groden, Richard	4	5	20	Very High	Developing a response "toolkit" for practices "in distress" and seeking support in terms of an initial assessment and what might be offered by way of further in depth assessment and identifying a suitable range of responses. Developing an approach to pro-actively identify/support practices that might be approaching an "in distress" state, including mechanisms and possible responses	4	3	12	High	
1703	Junior Doctors Cover - Junior Doctors out of hours rotas are stretched due to relatively low numbers on the rotas. Their viability may be impaired by vacancies or sickness absence. Rota redesign if needed.	Smith, Michael	4	4	16	High	Liaison with NES regarding recruitment, reviewing service configuration and employing Locum staff when necessary. Consider rota redesign if needed.	4	3	12	High	
1705	Mental Health inpatient beds - Lack of beds or staff support in Greater Glasgow and neighbouring Boards impairs patient access to appropriate inpatient care.	Smith, Michael	4	4	16	High	Robust bed management system to highlight problems proactively in time to resolve. <input type="checkbox"/>	4	3	12	High	
1423	Critical Failure of care - Critical failure of care leading to harm to service user (including suicide, child protection, adult support and protection, clinical standards and inspections)	Egan, Julia	5	3	15	High	Referral process, Staff supervision, Existing policies, procedures and guidelines Inspection regimes- child protection. <input type="checkbox"/>	4	3	12	High	
1439	Information Governance MAPPA information sharing - Sensitive or confidential information is inappropriately shared resulting in adverse media impact and loss of public confidence	Egan, Julia	4	4	16	High	Information sharing protocols have been developed with relevant agencies and the directorate regularly remind staff of their responsibilities. <input type="checkbox"/>	3	4	12	High	