

**REPORT TO:** Audit and Governance Committee

**MEETING DATE:** 18 November 2014

**BY:** Chief Executive

**SUBJECT:** Adult Wellbeing Risk Register

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## **1 PURPOSE**

- 1.1 To present to the Audit and Governance Committee the Adult Wellbeing Risk Register (Appendix 1) for discussion, comment and noting.
- 1.2 The Adult Wellbeing Risk Register has been developed in keeping with the Council's Risk Management Strategy and is a live document which is reviewed and refreshed on a regular basis, led by the Adult Wellbeing Local Risk Working Group (LRWG).

## **2 RECOMMENDATIONS**

- 2.1 It is recommended that the Audit and Governance Committee notes the Adult Wellbeing Risk Register and in doing so, the Committee is asked to note that:
  - the relevant risks have been identified and that the significance of each risk is appropriate to the current nature of the risk
  - the total profile of the Adult Wellbeing risk can be borne by the Council at this time in relation to the Council's appetite for risk
  - although the risks presented are those requiring close monitoring and scrutiny over the next year, many are in fact longer term risks for Adult Wellbeing and are likely to be a feature of the risk register over a number of years
  - while this report has been compiled by the Risk Officer, the Risk Register has been compiled by the Adult Wellbeing LRWG. The Head of Adult Wellbeing has lead responsibility and will speak to it at the Committee.

## **3 BACKGROUND**

- 3.1 In presenting the Adult Wellbeing Risk Register to the Committee for discussion, comment and noting, I would wish to draw the Committee's attention to one specific matter. All risks have been evaluated using the standard (5x5) risk matrix which involves multiplying the likelihood of occurrence of a risk (scored 1-5) by its potential impact (scored 1-5). This produces an evaluation of risk as either 'low (1-4)', 'medium' (5-9), 'high' (10-19) or 'very high' (20-25).

- 3.2 The Council's response in relation to adverse risk or its risk appetite is such that:
- Very High risk is unacceptable and measures should be taken to reduce, transfer or treat the risk to a more tolerable position;
  - High risk may be tolerable providing the Council is assured that adequate and effective control measures are in place;
  - Medium risk is tolerable with control measures that are cost effective;
  - Low risk is broadly acceptable without any further action to prevent or mitigate risk.
- 3.3 The current Adult Wellbeing Risk Register includes one Very High risk, six High risks and seven Medium risks.
- 3.4 A copy of the risk matrix used to calculate the level of risk is attached as Appendix 2 for information.

#### **4 POLICY IMPLICATIONS**

- 4.1 In noting this report the Council will be ensuring that risk management principles, as detailed in the Corporate Risk Management Strategy are embedded across the Council.

#### **5 EQUALITIES IMPACT ASSESSMENT**

- 5.1 This report is not applicable to the well being of equalities groups and an Equalities Impact Assessment is not required.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – It is the consideration of the Adult Wellbeing Local Risk Working Group that the recurring costs associated with the measures in place for each risk are proportionate to the level of risk. The financial requirements to support the Risk Register for the year ahead should be met within the proposed budget allocations. Any unplanned and unbudgeted costs that arise in relation to any of the corporate risks identified will be subject to review by the Corporate Management Team.
- 6.2 Personnel – There are no immediate implications.
- 6.3 Other – Effective implementation of this register will require the support and commitment of the Risk Owners identified within the register.

#### **7 BACKGROUND PAPERS**

- 7.1 Appendix 1 – Adult Wellbeing Risk Register
- 7.2 Appendix 2 – Risk Matrix

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<b>DATE</b>	6 November 2014



# Adult Wellbeing Risk Register v7

Date reviewed: 29 October 2014

Risk ID No. & Status S/C/N (same, changed, new)	Risk Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures (currently in place)	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures]			Risk Owner	Timescale for Completion / Review Frequency	Single Outcome Agreement Outcome Number Link	Evidence held of Regular Review
			Likelihood	Impact	Risk Rating		Likelihood	Impact	Residual Risk Rating				
			L	I	L x I		L	I	L x I				
AW 1	A service user suffers harm or detriment and becomes subject to Adult Protection measures due to a lack of appropriate operational processes and resources. This would result in reputational damage to and increased scrutiny of the Social Work service.	<p>Sound operational procedures and trained staff with good supervisory support.</p> <p>Continuous monitoring and review.</p> <p>Adult protection arrangements are designed to protect the most vulnerable.</p> <p>Feedback from Care Inspectorate reports is followed up and recommendations implemented as required.</p> <p>Feedback from service users helps to identify problems with service delivery that might expose service users to risk.</p>	4	5	20	<p>Review service delivery in line with integration agenda.</p> <p>The allocation of resources will be monitored and assessed and redirected to manage risk in a pro-active way.</p> <p>East and Midlothian Public Protection Committee (EMPPC) is being established with effect from June 2014 to replace the current Adult Protection Committee, Child Protection Committee, Offender Management Committee and Violence Against Women Partnership and to ensure robust links with Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP).</p> <p>Review of practices associated with the administration of medication in all Adult Wellbeing services and associated NHS Lothian services. Ensure appropriate training for relevant social care and health staff is in place.</p>	3	5	15	Senior Manager Operations	December 2014	5	Risk reviewed and refreshed April 2014.
AW 2	Demographic pressure increases the cost of service delivery which cannot be dealt with due to budget constraints resulting in an impact on service delivery.	<p>Best value purchasing of external services.</p> <p>Service transformation and strategic commissioning to ensure services are targeted to meet the needs of vulnerable people and achieve best value</p> <p>Working in partnership with Health, third sector and independent sector to shift the balance of care and support more people to stay in their own homes for longer.</p> <p>Keeping CMT and Council apprised of the demographic pressures facing the Council.</p>	4	4	16	<p>Redesign services and introduce resource allocation system (RAS).</p> <p>Review of resource allocation and to ensure resources are allocated to those with greatest need.</p> <p>Implementation of Self Directed Support.</p> <p>Further development and review of partnership working with third sector to increase emphasis on early intervention and prevention (eg.Day Centres)</p> <p>Increased income through new charges due to be implemented September 2014.</p> <p>Refresh of Older People's Strategy.</p>	3	3	9	Senior Manager Operations Senior Manager Resources	December 2014	4 5	Risk reviewed and refreshed April 2014.

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AW 3	Failure of the Council to provide employees with an effective Lone Working Policy & Practice and the appropriate training could result in injury or death to those employees resulting in H&S prosecution, civil insurance liability, reputational risk, increased sickness absence, pressures on service delivery and also potential claims against the Council.	Information on Lone Working Policy is part of the Service Level Induction process. All employees have received training on the use of the ELC lone working system. Specific procedures are in place in services with a high level of lone working such as Children's Wellbeing and Revenues, including risk assessments and electronic diaries and signing in/out books.			15	Lone Working policy and procedures continue to embed within Adult Wellbeing managers and admin staff ensuring that front line employees adhere to Lone Working controls.  The Council is working towards creating a Potentially Violent Clients Register which will enable the sharing of information relating to potentially violent clients across customer facing teams which in turn allows managers to identify and implement appropriate control measures protecting employees from harm.			10	Head of Adult Wellbeing	December 2014	N/A	Risk reviewed and refreshed April 2014.
AW 4	Lack of a skilled and experienced workforce results in an inability to provide high quality assessment and support, therefore resulting in poor operational performance leading to higher cost of care services.	Offer support to staff recruitment and training.  Mandatory training compliance.  Inclusion of Training needs analysis within Supervision and PRD.	3	4	12	Increase staff learning opportunities, sustain high levels of supervision.  Audit of training provision to ensure compliance with minimum training requirements.	3	3	9	Senior Manager Resources	December 2014	6, 9 & 10	Risk reviewed and refreshed April 2014.
AW 5	New national targets on delayed discharge of "no delays over two weeks" from 1 April 2014 will create additional pressures.  These new targets will have wide ranging implications across the whole care system and put pressure on assessment staff, business systems and financial resources.	Increased surveillance of care homes to identify spare capacity.  Pilot new initiatives to assess potential new models in the delivery of care including frailty project, help to live at home, hospital to home and step up/step down beds.  Close working with NHS to commence discharge planning at the earliest opportunity.  Re-tendered Help to Live at Home framework to increase capacity.	4	3	12	Closer working with care at home providers to consolidate runs and release additional capacity.  Introduce tiered bed management across the sector.  Investment in additional resources to support discharge from hospital.  Provide step up/step down support via care homes in partnership with Health.	4	2	8	Senior Manager Operations	December 2014	9	Risk reviewed and refreshed April 2014.
AW 6	Unfavourable Care Inspection report resulting in loss of reputation and additional workload to prepare and deliver improvement plan.	Use of HGIOC to identify service improvements. Self evaluation programme using SWIA Performance Improvement Model (PIM).  Maintenance of professional dialogue with Care Inspectorate	3	4	12	Extend involvement in HGIOC process to include wider range of staff and external partners including third sector and health  Investigate option of using PSIF	2	4	8	Head of Adult Wellbeing  Service Managers: Resources, Operations, Criminal Justice	December 2014	9	Risk reviewed and refreshed April 2014.
AW 7	The failure of a major Care Home or Domiciliary Care provider e.g. Southern Cross resulting in a loss of capacity and the risk of service users being put at risk as a result of their service withdrawn at short notice.	Close monitoring with care providers helps to identify potential service failures while close working with all providers helps gain advance information of any potential failure.  Retendered Help to Live at Home puts emphasis on outcomes for	3	4	12	Develop of contingency arrangements to deal with failure of a major care provider.  Participation in national working groups to maintain national market intelligence.  Working with other Councils to allow	3	2	6	Senior Manager Resources  Senior Manager Operations	December 2014	9	Risk reviewed and refreshed April 2014.

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		service users and service quality.				information sharing mutual support and contingency planning. Continuing to work closely with providers to provide support with improvement planning. Continue to develop step-in arrangements for care homes.							
AW 8	Self-Directed Support Legislation. Failure to comply with new legislation, reputational damage associated with failure, financial risk associated with implementing SDS.	Extensive training of staff to ensure awareness of SDS and any changes to practice required to support implementation  Changes to infrastructure to better support SDS approach (eg. Re-provision of service at Fisherrow Hub)	3	3	9	Continuing programme of staff training and communication with service users  Further work required to review support for adults with a learning disability including arrangements for transport and day sessions and additional options for community based activities.  Review of financial support systems and processes to ensure SDS compliance and development of best practice	2	3	6	Service Manager: Operations  Service Manager: Resources	Review December 2014	6, 9 & 10	Risk reviewed and refreshed April 2014.
AW 9	Council Re-Structuring/Business Transformation.  The re-structuring of the Council Management Team and senior manager grade in 2012 and 2013 reduced the number of senior officers in the Council by about 25%.  Re-structuring of services and business transformation is required to deal with public sector reform and the financial constraints faced by the Council.  Re-structuring and business transformation cause uncertainty amongst staff, low morale, increase in workload and changes in reporting lines and responsibilities for some staff. This could affect staff morale and reduce the capacity of the Council to manage change effectively.	New service groupings have been established and the Chief Executive, Depute Chief Executives and Heads of Service engage with all staff teams.  The 2013 Employee Engagement Survey was used to identify staff concerns and actions were taken to address these.  Regular communication to staff via Team Talk and managers.  Investors in People achieved.  Regular meetings of the new Council Management Team and monthly 'highlight reports' used to identify on-going concerns/ issues.  Meetings of the Senior Management Team used to explain and embed transformation agenda.  Leadership Development programme – CMI5 – has been rolled out for all Service Managers. CMI level courses being offered to frontline managers and supervisors to increase management and leadership skills.	3	3	9	Results of 2014 Employee Engagement Survey will be used to identify staff concerns.  Staff communications to be reviewed.  CMI 5 and CMI 3 to be evaluated and reviewed.  Workforce Development Plan has been agreed will be implemented.  Support from corporate ELC and NHS Lothian organisational development .	2	3	6	Chief Executive  Director of Health & Social Care  Head of Adult Wellbeing  Service Managers: Resources, Operations, Criminal Justice	December 2014	6, 9 & 10	Risk reviewed and refreshed April 2014.

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AW 10	<p>Health and Social Care and Adult Wellbeing Integration</p> <p>There is a risk that:</p> <ul style="list-style-type: none"> <li>The focus on integration may in the short term divert staff and resources from other priorities.</li> <li>Development of integration processes and structures may disrupt current structure and staffing arrangements.</li> <li>The development of a strategic direction for the partnership may diverge from existing strategies - leading to problems with delivery of current services and threat to achievement of integration timelines.</li> <li>Risk of barriers to integration constraining business objectives.</li> </ul>	<p>Key milestones will be built into joint plans based on local needs and benefits not policy change evidenced by draft Strategic Plan and work plan for Integration Scheme.</p> <p>There will be regular consultation and engagement with staff and stakeholders throughout this process. Evidenced by discussion at CHP Sub Committee, Shadow Board and Staff Engagement sessions.</p> <p>Integrated governance model in place. Joint management team in place.</p>	3	3	9	<p>Organisational Development and project management support will be provided to ensure controls are adequate, effective and implemented properly.</p> <p>Work underway to overcome barriers to operational integration including IT systems, financial management, HR systems, etc. Development of integration strategy.</p> <p>National funding to support local integration available from April 2015.</p>	2	3	6	<p>Director of East Lothian Health and Social Care Partnership</p> <p>Head of Adult Wellbeing</p>	<p>Risk to be reviewed regularly during 2014/15.</p> <p>Milestones provided by Govt over five year period</p>	6, 9 & 10	Risk created April 2014 in Corporate Risk Register then moved to Service Risk Register at the request of CMT.
AW 11	<p>Major elements of public sector reform are either taking place or being proposed in addition to integration of health and social care including:</p> <ul style="list-style-type: none"> <li>Welfare Reform and the replacement of Disability Living Allowance with Personal Independence Payment</li> <li>The replacement of Council Tax benefit with a cash limited locally administered scheme.</li> </ul> <p>These reforms create uncertainty, additional workload for senior and frontline staff, requirement to restructure services and create new accountability, governance and partnership arrangements.</p> <p>These reforms impact on Adult Wellbeing (AW) clients, many of whom live on limited income and face uncertainty about their future levels on income.</p> <p>As service users see their incomes reduced, this impacts on the level of income received by AW through client contributions, imposing additional pressures on the AW budget.</p>	<p>Regular discussion with all staff and stakeholders.</p> <p>Effective consultation with all stakeholders will allow early identification of risks and identify mitigating actions.</p> <p>Revised charging policy.</p>	3	3	9	<p>Joint working across the whole Council will allow resources to be directed to the key vulnerabilities and allow a cross council approach to be taken to managing this risk</p> <p>Communication with staff to allow risk areas to be identified and reduce uncertainty.</p> <p>Communication with service users to advise the potential impact of welfare reform and the support available.</p> <p>Income levels will be monitored to detect any fall off in client contributions.</p>	2	2	4	Head of Adult Wellbeing together with Adult Wellbeing Senior Management Team.	December 2014	6, 9 & 10	Risk reviewed and refreshed April 2014.



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AW 12	Lack of resources results in a failure to comply with legislative timescales for Community Disposals. This would result in serious reputational damage to the Council.	Work volumes and waiting times are monitored and resources redirected as required. Three Social Workers recruited as a result of demand.	2	3	6		2	3	6	Criminal Justice Manager	December 2014	6, 9 & 10	Risk updated by CJ Manager April 2014 and score reduced from 9 to 6 due to new SW recruits.
AW 13	A reduced level of service is available as a result of a system failure causing a loss of access to Frameworki Social Work management information system.	Contingency arrangements are in place to provide a back up service if required.  Contingency back arrangements are tested.  In short term staff would deal with emergencies based on information available.  Staff can relocate to other offices to deal with a local outage.	3	2	6	Move to latest version of Frameworki (Mosaic).	3	2	6	Senior Manager Resources	December 2014	6, 9 & 10	. Risk reviewed and refreshed April 2014.
AW 14	Residential homes are forced to close because the standard of the buildings of the care homes and other services do not meet the necessary standards and are no longer fit for purpose.	Adequate ongoing maintenance.  Strategic planning for new homes by the Asset Management Group – Tranent Care Home due to open September 2014.  Regular building condition surveys to identify potential deterioration in building quality.	3	2	6	Feedback Care Inspectorate, service users and carers and staff.  Refresh Older People strategy to determine bed numbers acquired over 3/5/10 year periods.	2	2	4	Senior Manager Resources	December 2014	6	Risk reviewed and refreshed April 2014.

<b>Original date produced (Version 1)</b>	1st March 2012												
<b>File Name</b>	Adult Wellbeing Risk Register												
<b>Original Author(s)</b>	S Kennedy												
<b>Current Revision Author(s)</b>	S Kennedy												
<b>Version</b>	<b>Date</b>	<b>Author(s)</b>	<b>Notes on Revisions</b>										
Original	1st March 2012	S Kennedy											
2	19 <sup>th</sup> November 2012	S Kennedy	Updated following revision of Risk Strategy										
3	30 <sup>th</sup> January 2013	S Kennedy	Revisions made following Adult Wellbeing Management Team meeting.										
4	11th April 2013	S Kennedy	Updates received from Linda Young and John Finn. Updates and one risk removed by Murray Leys.										
5	April 2014	S Kennedy	All risks reviewed and refreshed following review by Murray Leys while Community Disposals risk updated by Fiona Duncan.										
6	May 2014	S Kennedy	Former Corporate Risk on Integration added to Service RR at request of CMT.										
7	June 2014	S Kennedy	Lone Working, Re-structuring, Care Inspection Report and SDS Legislation Risks added and amendments made by M O'Connor.										
												<b>Risk Score</b>	<b>Overall Rating</b>
												<b>20-25</b>	<b>Very High</b>
												<b>10-19</b>	<b>High</b>
												<b>5-9</b>	<b>Medium</b>
												<b>1-4</b>	<b>Low</b>



**Appendix 2**  
**East Lothian Council**  
**Risk Matrix**

Likelihood Description

Likelihood of Occurrence	Score	Description
Almost Certain	5	Will undoubtedly happen, possibly frequently >90% chance
Likely	4	Will probably happen, but not a persistent issue >70%
Possible	3	May happen occasionally 30-70%
Unlikely	2	Not expected to happen but is possible <30%
Remote	1	Very unlikely this will ever happen <10%

Impact Description

Impact of Occurrence	Score	Description						
		Impact on Service Objectives	Financial Impact	Impact on People	Impact on Time	Impact on Reputation	Impact on Property	Business Continuity
Catastrophic	5	Unable to function, inability to fulfil obligations.	Severe financial loss (>5% budget)	Single or Multiple fatality within council control, fatal accident enquiry.	Serious - in excess of 2 years to recover pre-event position.	Highly damaging, severe loss of public confidence, Scottish Government or Audit Scotland involved.	Loss of building, rebuilding required, temporary accommodation required.	Complete inability to provide service/system, prolonged downtime with no back-up in place.
Major	4	Significant impact on service provision.	Major financial loss (3-5% budget)	Number of extensive injuries (major permanent harm) to employees, service users or public.	Major - between 1 & 2 years to recover pre-event position.	Major adverse publicity (regional/national), major loss of confidence.	Significant part of building unusable for prolonged period of time, alternative accommodation required.	Significant impact on service provision or loss of service.
Moderate	3	Service objectives partially achievable.	Significant financial loss (2-3% budget)	Serious injury requiring medical treatment to employee, service user or public (semi-permanent harm up to 1yr), council liable.	Considerable - between 6 months and 1 year to recover pre-event position.	Some adverse local publicity, limited damage with legal implications, elected members become involved.	Loss of use of building for medium period, no alternative in place.	Security support and performance of service/system borderline.
Minor	2	Minor impact on service objectives.	Moderate financial loss (0.5-2% budget)	Lost time due to employee injury or small compensation claim from service user or public (First aid treatment required).	Some - between 2 and 6 months to recover.	Some public embarrassment, no damage to reputation or service users.	Marginal damage covered by insurance.	Reasonable back-up arrangements, minor downtime of service/system.
None	1	Minimal impact, no service disruption.	Minimal loss (0.5% budget)	Minor injury to employee, service user or public.	Minimal - Up to 2 months to recover.	Minor impact to council reputation of no interest to the press (Internal).	Minor disruption to building, alternative arrangements in place.	No operational difficulties, back-up support in place and security level acceptable.

Risk	Impact				
	None (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Remote (1)	1	2	3	4	5

Key

Risk	Low	Medium	High	Very High
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